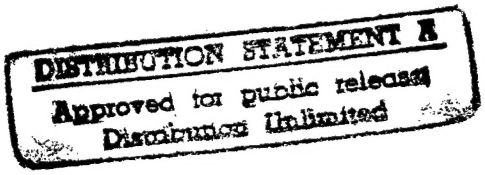
JPRS-TEP-93-003
8 February 1993

JPRS Report

Epidemiology



Epidemiology

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WEST EUROPE

GREECE

TURKEY

ANGOLA

Namibe Province Needs To Import Medicine

93WE0169A Luanda JORNAL DE ANGOLA in Portuguese 6 Dec 92 p 10

[Text] Namibe—The provincial government of Namibe has made $101,274 available for the purchase of medicines, the Angolan news agency ANGOP has learned from an official source.

Antonio Adolfo, provincial director of medicines, said that the present stock of basic medicines totals 374 kits and is the responsibility of the Provincial Medicines Deposit and the local post of the Swedish Agency for Development (ASDI).

Each kit weighs about 45 kg and contains an assortment of essential medicines, specifically antimalarial and antiasthmatic medications, antibiotics and antispasmodics.

On that occasion, Adolfo lamented that large quantities of medicines destined for Namibe had been held up in Luanda because of transport problems.

He added that the provincial health posts are struggling with a shortage of medicines to treat anemia and hypertension, as well as analgesics.

Adolfo said the present hot rainy season fostered the appearance of various ailments, such as dysentery, malaria, respiratory diseases, and hypertension.

He explained that the distribution of medicines to municipios in the interior of the province has been limited to one or two kits per month.

About six centers for health education, recently created in Tombwa (Namibe), are now engaged in educating the public, under the guidance of the municipal health office.

In this process, the people are given information about methods of combating the principal endemic diseases that attack the area, specifically bloody diarrhea and respiratory ailments.

According to the same source, in Tombwe Municipio, the industrial fishing zone in the province, "the incidence of cholera and other endemic diseases is thought to be high" because of accumulation of waste from the fish and the lack of hygiene among the people.

Medical Situation in Huambo Described

93WE0169B Luanda JORNAL DE ANGOLA in Portuguese 6 Dec 92 p 4

[Excerpt] [passage omitted] The 25 hospital centers scattered throughout the province are no longer providing quality medical assistance, because of the interruption in the supply of medicines. In addition, as a result of the occupation by troops of the UNITA [National Union for the Total Independence of Angola], the standard of living in the municipio has declined significantly.

The Central Hospital of Huambo (one of the largest in the country), which serves Bie, Moxico, and Kuando-Kubango Provinces, does not have a single surgeon. About 40 physicians, including Soviet doctors and Angolans from other provinces, stopped practicing medicine here as soon as the armed confrontations ended.

At this time no one in Huambo is prepared to cover situations which require surgical intervention and the range of ailments is tending to increase.

The Central Hospital of Huambo has only serum in stock; the essential medicines which the provincial government purchased from South Africa, primarily to combat malaria, diarrhea, tuberculosis, and respiratory diseases, have yet to arrive. [passage omitted]

GHANA

Typhoid Fever Outbreak in Asunafo

93WE0177B Accra PEOPLE'S DAILY GRAPHIC in English 14 Nov 92 p l

[Article: "Outbreak of Typhoid Fever in Asunafo"]

[Text] There is an outbreak of typhoid fever in the Asunafo District of the Brong Ahafo Region and more than 50 cases have so far been reported at the government health center, at Goaso.

Dr. Joseph Teye Nuertey, acting District Medical Officer disclosed this in an interview with the Ghana News Agency on Tuesday at Goaso.

He said the district health management team has been on an education tour to assist health workers in all health centers in the district to educate them on the need to observe personal hygiene.

Dr. Nuertey said the management team has also decided to tour all the second cycle schools in the district to inspect and educate the kitchen staff on personal hygiene and how to prevent the disease.

"Most of the affected persons who reported at the health center were students," he disclosed.

LESOTHO

Twenty-Two Cases of Typhoid

MB1001174493A Maseru Radio Lesotho in English 0500 GMT 9 Jan 93

[Editorial Report] Twenty-two cases of typhoid fever have been reported at the Roma Health Service between September and December last year. Most patients admitted at St. Joseph's Hospital in Roma were from Ha-Mafefoane and Maphotong, while "sporadic cases"

were reported at Mafikeng and Nyakosoba. Health officials appealed to the public to boil their drinking water.

MOZAMBIQUE

Cholera in Manica Province

MB1001174493C Maputo Radio Mozambique Network in Portuguese 1400 GMT 5 Jan 93

[Editorial Report]—A total of 39 people died of cholera at Manica Province's Guru Health Center in December 1992. Radio Mozambique's Chimoio correspondent reports that in the same month 300 cholera cases were reported in Guru District, with (Chiuri) village recording the highest number.

Eighty-Four Deaths From Cholera

MB1001174493D Maputo Radio Mozambique Network in Portuguese 1030 GMT 9 Jan 93

[Editorial Report]—According to a Chimoio-based health source cholera killed 84 people in Manica Province between May 1992 and 6 January 1993. The source also reported that 954 cholera cases had been recorded in the province during that time.

Malaria in Maputo

MB1001174493E Maputo Radio Mozambique Network in Portuguese 1030 GMT 6 Jan 93

[Editorial Report]—NOTICIAS reports that, compared to previous years, the malaria epidemic worsened in the city of Maputo in 1992. Most malaria cases diagnosed in Maputo hospitals are described as serious. Patients tend to come from suburban areas where there are large pools of stagnant water.

Dysentery in Niassa Province

MB1001174493FMaputo Radio Mozambique Network in Portuguese 1730 GMT 6 Jan 93

[Editorial Report]—Dysentery has killed 11 people in Mandimba District since it broke out in mid-July 1992.

Hunger Kills 340 in Sofala, Gaza Provinces

MB0901172393 Maputo Radio Mozambique Network in Portuguese 1730 GMT 7 Jan 93

[Text] About 150 people died of hunger in Marringue, Sofala Province, within a period of one month. This was reported by Radio Mozambique in Beira citing Mozambique National Resistance leader Afonso Dhlakama. The source also said that about 190 people also died of hunger in Dindiza, Gaza Province, within a period of two months. The Renamo president revealed this at a news conference he gave to national and foreign journalists on a year-end occasion.

NAMIBIA

Government Using DDT To Combat Malaria in North

MB0601060393 Windhoek Namibian Broadcasting Corporation Network in English 1900 GMT 5 Jan 93

[Text] The Ministry of Health and Social Services is still using the toxic agent, DDT, to combat malaria in the north of Namibia, despite the fact that the chemical has been banned in many parts of the world. Reacting to reports that some rural inhabitants are mixing DDT with their (?mahangu) to protect it against insects, the head of the planning unit of the Directorate of Wildlife, Conservation, and Research, Dr. Chris Brown, warned that this will lead to life-threatening calcium deficiencies.

Dr. Brown also warned that DDT can accumulate to such an extent in areas where it has been used over a long period, that it could cause mental illness and infant deaths.

NIGERIA

Doctors Dispute Typhoid Cases in Plateau

93WE0176A Lagos THE GUARDIAN in English 6 Nov 92 p 4

[Article by Benedict Hart]

[Text] Medical doctors in Plateau State have disagreed on whether there is indeed a typhoid fever epidemic in the state.

Some of them who spoke at a workshop on the subject in Jos claimed that they had diagnosed and treated many patients for the ailment and that some had even died from it.

But others, especially the team from the Jos University Teaching Hospital (JUTH), insisted that there was no epidemic as only few persons had been identified as suffering from the disease since about two years ago.

It was argued that the Widal test which many doctors had relied on was not a reliable test for determining typhoid, as such factors as previous intake of antibiotics, some vaccinations and the stage of the illness during which the test is administered interfere with the result and mislead the doctor.

Dr. Alex Fom, who has a clinic in Zawan village near Jos, said typhoid fever was endemic in the state because of the unhygienic conditions under which the people "live, eat and reproduce."

"Most of the cases I get are typhoid cases," he said remarking that the current environmental conditions in Nigeria were similar to the situation in England at the turn of this century. He added: "What they did was to erect public toilets every 100 meters, and within a few years typhoid cases dropped dramatically.

Dr. B. Ukeahilam of the JUTH reminding his colleagues that "since not all that wheezes is asthma, not all cases of continuous headache is typhoid," said from his experience most cases being mistaken for typhoid were malaria which were resistant to chloroquine.

Typhoid, caused by contamination of food and water by faecal matter infested with a group of salmonella, causes abdominal discomfort, generalized aches and pains and fever in a steep ladder fashion, he added.

According to him, only five cases of typhoid was treated over a year period at JUTH. He advised against overstretching the sensitivity of the Widal test, saying: "there is not as much typhoid in Jos as we seem to hear, somebody must be misinforming someone. There is a wrong conception of the Widal test."

Professor C.S.S. Momoh also of JUTH said a study conducted by the hospital last year showed that of the 400 cases considered, only nine tested positive for salmonella infection.

He disagreed that typhoid was endemic in Jos, saying a patient had even died due to intake of chloramphenical over a two-year period on the diagnosis that he had typhoid.

Dr. Jacob Wangden, an epidemiologist, criticized public health institutions in the state for not submitting records on the 40 common diseases, as required by the Federal Ministry of Health, to help public health workers to act appropriately.

Professor Alfred Ikeme, who chaired the occasion, advised doctors to take extra precautions before diagnosing typhoid "because the treatment is potentially dangerous."

SOUTH AFRICA

Public Health System Cash-Strapped; Medical Staff Shortage

MB3112121592 Johannesburg THE STAR in English 31 Dec 92 p 9

[Article by Paula Fray: "Cost-Cutting Sets an Unhealthy Precedent for 1993"]

[Excerpts] South Africa's cash-strapped public health system did not go untouched during the ongoing violence and political change in 1992 as Government embarked on a cost-cutting venture amid calls for more money to be poured into health.

As the Transvaal Provincial Administration (TPA) proceeds with cost-cutting plans in the public sector—in line with a Government call to cut staff by 5 percent—overworked doctors are concerned essential services will be first in the firing line.

Already, doctors at State hospitals are being offered substantial incentives if they leave the employment of the TPA.

Doctors are particularly concerned about what this will mean for rural health care where it is already difficult to retain good medical staff.

And Wits [Witwatersrand] University Medical School is still discussing cost-cutting moves—to come into effect early next year—at TPA academic hospitals.

The lack of cash and even the shortage of medical staff was highlighted when concerned doctors at J.G. Strijdom Hospital warned that patients would die unless something was done urgently.

Although the TPA denied that any posts had been frozen, doctors there maintained that posts at consultancy and registrar level had not been filled.

The J.G. Strijdom crisis also highlighted the severe shortage of interns nationwide as high education costs and low pay in state hospitals discourage students from entering the medical field.

Many interns worked far longer than the maximum 80 hours a week laid down by the SA Medical and Dental Council. An investigation by the Department of National Health and Population Development found that all interns "work far too long hours as a result of the shortage of interns throughout the country".

Indicative of a health care system riddled with contradictions, it was also revealed that about R[Rand]1 billion of medical payouts in the private sector each year—nearly 25 percent of all subscriptions—was wasted by continued fraud and over-utilisation of medical aid facilities.

It was a year in which South African medical expertise was used to separate Mauritian Siamese twins Ashlay and Ashil Fokeer. The weaker twin Ashil died in the operating theatre while Ashlay is preparing for the journey back home.

It was the year in which alcohol consumption by South Africans reached an all-time high. It is now conservatively estimated that there are at least 1,025,198 alcoholics in South Africa, nearly 30 percent of them women.

[Passage omitted on AIDS]

However, it is at primary health level where medical experts believe South Africa should begin the fight for equal and adequate facilities for all.

Primary health care organisations believe the basic solution to ongoing problems in the public health sector is a reorganised and restructured public health service oriented towards primary health care, and not in privatisation or procurement by the State.

This month, health workers and members of the community, met to debate recommendations for the transformation of South Africa's primary health care system at a national conference outside Johannesburg.

Malnutrition was identified as a serious threat to the health of the nation, especially children, at the joint health policy conference of the National Progressive Primary Health Care Network and the South African Health and Social Services Organisation. It recognised under-nutrition as being caused by the economic inequalities reinforced by the apartheid system.

Diarrhea in Greytown

MB1001174493G Johannesburg SAPA in English 0056 GMT 5 Jan 93

[Editorial Report]—The diarrhea epidemic in the Greytown, Tugela Ferry area, is gradually subsiding, doctors said on 4 January. Greytown Hospital had been treating up to 100 patients a day since the middle of November. The Church of Scotland Hospital in Tugela Ferry reported that figures have now dropped to about 75 patients a day. No fatalities have been reported.

SWAZILAND

Cholera Among Refugees

MB1001174493H Mbabane THE TIMES OF SWAZILAND in English 6 JAN 93 p 3

[Editorial Report]—The Ministry of Health has confirmed 24 cases of cholera since November 1992. Malindza refugee camp recorded five cases. The cases at Malindza are caused by the movement of refugees from Ndzevane, where the first case was reported. The Director of Medical Services, Dr. John Mbambo, says the vaccine currently available for the disease does not help in controlling cholera because it is not effective enough.

ZAMBIA

Kitwe Prisoners Released To Avert Cholera

93WE0174A Lusaka TIMES OF ZAMBIA in English 4 Nov 92 p 1

[Article by TIMES OF ZAMBIA reporter]

[Text] Magistrate courts in Kitwe yesterday gave bail to several suspects facing minor charges to decongest the Kamfinsa remand prison and halt the spread of cholera which has already claimed 40 lives.

The killer disease which broke out at the weekend in Kitwe and Chingola has spread to Mufulira where one case had been reported, while ten more people have died in Kitwe and one in Chingola.

Kitwe Central Hospital acting medical superintendent Dr. Jonathan Munkombwe expressed fears at the rate the disease was raging, adding that drug stocks were dwindling fast.

Acting chief health inspector for Chingola Mr. Josphat Ndawa said six people have since been treated and discharged.

The Kitwe outbreak has been worsened by depleted stocks of water treatment chemicals. Town clerk Mr. Ali Simwinga said the council needed at least 40 tons of chlorine to contain the situation.

Hospital grounds remained no-go-areas as several cholera suspects streamed to the institution before they were rushed to treatment centers.

The number of visitors were further restricted and authorities reiterated calls to Kitwe residents to avoid crowds including funerals.

Some victims included children between the ages of one and four years.

Dr. Munkombwe lamented the current number of doctors at the hospital was not enough for the crisis. The Lions Club has offered to assist the hospital.

Staff from the council and ZCCM have since been seconded there to help tackle the scourge.

Thirty people died over the weekend as the killer disease which seizes its victims with a continuous running stomach struck townships.

At the courts, magistrate Mr. Chewe Ng'ona said the move to release prisoners with minor charges was taken to scale down the number of people at Kamfinsa which has been a target of cholera and dysentery attacks.

Most prisoners who appeared before the courts complained of either passing stool with blood or serious abdominal pains.

A prison warder from Kamfinsa who declined to be named said some inmates had been rushed to Kitwe Central Hospital while others had been taken to cholera treatment centers.

Zana reports: The Kitwe City Council has closed the new Chisokone market because of the cholera epidemic.

Council spokesman Mr. Alex Chanda said the move was aimed at controlling the spread of the disease.

The council was considering closing other public institutions such as schools.

Mr. Chanda advised residents to boil their drinking water.

Mufulira: District medical officer Dr. John Varghese confirmed that the woman patient who recently travelled to Kitwe had been admitted to Kamuchanga hospital with the deadly disease.

On dysentery, Dr. Varghese said the district has had isolated cases for six months.

Cholera Prevention

MB1001174493I Johannesburg Channel Africa Television in English 1230 GMT 7 Jan 93

[Editorial Report]—Zambia's cholera epidemic could have been prevented, says Health Minister Dr. Boneface Kawimbe. So far the disease has claimed the lives of at least 720 people and infected more than 8,500 others. Dr. Kawimbe said the epidemic in Lusaka had been caused by water contaminated by seepage from pit latrines, and in the northern city of Kitwe by untreated water and malfunctioning sewers.

ZIMBABWE

Increase in Beitbridge TB Cases

93WE0173B Harare THE HERALD in English 4 Nov 92 p 3

[Article: "TB Cases Up in Beitbridge"]

[Text] There has been a sharp rise in incidents of tuberculosis cases in Beitbridge Hospital owing largely to the prevalence of HIV in the district, the medical officer, Dr. Daniel Peter Othol, has said.

Severe food shortages had also contributed greatly to the prevalence of tuberculosis, he said in an interview.

The tuberculosis bacteria cannot survive under moist conditions and the dryness of the area had provided a suitable climate for its survival. He added that the dusty and windy conditions prevailing in the district had contributed significantly to the prevalence of the disease.

Some of the patients that were being treated had tested HIV positive although it was not true to say all of them were HIV positive, he said.

Meanwhile, the Ministry of Health and Child Welfare has established 331 under five feeding points in the district.

The environmental health sister for the area, Cde. Judie Sitsha, said about 11,938 children were receiving food under the supplementary feeding scheme.

Only two areas in the district were not being covered by the scheme.

Five Deaths from Dysentery in Chivhu Area

93WE0173A Harare THE HERALD in English 10 Nov 92 p 1

[Article: "Dysentery in Chivhu"]

[Text] Dysentery has claimed at least five lives in Chivhu in the past four weeks while 40 new cases are treated daily at Chivhu Hospital, say medical sources who predict an increase in the cases of the disease unless control measures are urgently put into place.

Two children below the age of five and three adults, all from Chivhu urban, were reported to have died of the disease at the district hospital.

Doctors blamed the outbreak on poor housing and overcrowding in the Mashonaland East town, adding that already 170 cases had been reported in the first nine days of this month.

The first cases of the water-borne disease were reported in October from Chivhu location, the town's sole high-density suburb, a resident doctor at Chivhu Hospital, Dr. Ludwig Apers, said yesterday.

Dr. Apers attributed the outbreak in Chivhu town to inadequate toilets, direct result of a poor sewerage system in the town of an estimated 30,000 people.

Meanwhile, the Department of Veterinary Services has dispelled growing fears in Chivhu of an outbreak of foot and mouth disease.

Allaying fears which had gripped the farming community in the district, particularly near Chambara business center, a doctor said there had never been an outbreak of the disease in the district "since time immemorial".

Cholera in Mutare

MB1001174493J Johannesburg SAPA in English 1716 GMT 5 Jan 93

[Editorial Report]—The Mutare City Health Department on 5 January reports "possibly the first cholera case" in the eastern border town since the outbreak of the disease in Zimbabwe over a month ago. All previous cases reported in the city had been people who had contracted the disease while on trips outside Mutare.

City Councillors Thwart Efforts To Control Cholera

MB0801071793 Johannesburg SAPA in English 0120 GMT 8 Jan 93

[Text] Harare Jan 7 SAPA—Efforts of Zimbabwe's Department of Health to control the spread of cholera were being thwarted by Harare city councillors, who contradicted professional advice on ways of preventing the spread of the disease, the national news agency ZIANA reports.

A Harare divisional environmental health officer said on Thursday the City Council had ignored advice to remove street vendors.

"As long as the city council continues to contradict what we instruct people, we will never be able to deal with or even control the spread of the disease," the officer said.

Medical Herbal Heating Pad Said To Cure Prostate Diseases

OW0201143793 Beijing XINHUA in English 1410 GMT 2 Jan 93

[Text] Lanzhou, January 2 (XINHUA)—Chinese doctors have found a cure for impotence, prostate diseases and piles by inventing an electrically heated sitting pad with herbal medicine in it.

Preliminary use in hospitals in Beijing and Lanzhou has proved the medical pad effective in curing diseases.

The pad was invented by doctors from the Lanzhou hospital of the Air Force of the People's Liberation Army (PLA) in Lanzhou city in northwest China's Gansu Province. Doctors have used the medical pad to treat 1,000 patients suffering from prostate diseases, and the cure and effective rate reached 93.7 percent.

The medical pad, developed according to the principles of traditional Chinese medicine, has more than 20 kinds of processed medical herbs in it. When plugged in, the electrically heated pad releases elements of medicinal herbs directly into the body's diseased member and the soothing warmth of the pad also helps to cure diseases.

Six or seven out of every ten males in China who are above 50 suffer from prostate disease. But only one out of every ten such patients will ask for help from doctors. Furthermore, doctors have no other way to cure the disease than surgical operation.

The electrical medical pad has passed appraisal by the provincial authorities.

Genetic Engineering Used To Develop New Hepatitis Vaccine

OW1001135193 Beijing XINHUA in English 1220 GMT 10 Jan 93

[Text] Shanghai, January 10 (XINHUA)—China has developed a new type of vaccine against hepatitis A.

The Shanghai Biochemical Institute under the Chinese Academy of Sciences in this east China city developed the new vaccine by using genetic engineering technology.

The vaccine can create hepatitis virus antigen two to three days after it is injected into the body. It has a lower risk of infection and much better effect than the existing kinds of live vaccines against hepatitis A.

The Shanghai institute has also developed a new antigen of hepatitis B by using genetic engineering methods.

The institute has expressed its willingness to cooperate with overseas medical institutes to develop a new generation of vaccines, including institutes from the United States which have shown great interest in genetic engineering methods.

REGIONAL AFFAIRS

Drug-Resistant Malaria Causes Deaths Along Borders

BK0801035393 Bangkok BANGKOK POST in English 8 Jan 93 p 6

[Text] Resistance to the anti-malaria drug is causing an increasing number of deaths along the Thai-Burmese border, Public Health Minister Bunphan Kaewatthana said yesterday. The minister said about fifty percent of malaria-infected patients have developed a resistance to the drug, which makes it easy for them to be infected again. He said the same problem is occurring along the Thai-Cambodian border, especially in Bo Rai District of Trat.

Mr. Bunphan, during an inspection tour of Mae Sot Hosptial in Tak, noted that since Mae Sot District is situated only about six kilometres from the Thai-Burmese border, the people in this area are prone to infection. The minister said two-thirds of the patients who come to Mae Sot Hospital are Karens which means that the hospital has to spend over four million baht each year on foreigners.

Malaria was one of the biggest killers of people along the Thai- Burmese border, the minister noted. Of the 6,836 patients admitted to the hospital last year, 2,135 of them had malaria, he said. The minister added that from October 1991-1992, 89 people died from the disease.

CAMBODIA

U.N. Tallies 1,500 Cases of Malaria Among Staff

BK0601115793 Hong Kong AFP in English 1002 GMT 6 Jan 93

[Text] Phnom Penh, Jan 6 (AFP)—The U.N. Transitional Authority in Cambodia (UNTAC) released health statistics Wednesday showing treatment of about 1,500 cases of malaria and the same number of sexually transmitted diseases.

In the six month period ending November 30, infectious diseases accounted for 14 percent of 45,000 visits to the doctor by UNTAC personnel, according to the U.N. fact sheet.

Gasteroenteritis was the most treated infectious disease with four percent of the total, and malaria and sexually transmitted diseases both accounted for three percent.

Most visits to the doctor were for common ailments such as colds or sore throats, totalling 73 percent.

UNTAC also treated an additional 11,877 Cambodian civilians. A full 17 percent of them were suffering from injuries and 12 percent were treated for malaria.

While U.N. hospitals are supposed to be for UNTAC personnel, "no one ... who is suffering a life-threatening illness or an injury will be turned away," the statement said. "Anyone injured in an accident involving an UNTAC vehicle will receive appropriate medical attention."

In addition to six field hospitals around Cambodia, UNTAC has opened 15 dispensaries staffed by doctors serving as U.N. volunteers, it said.

Tuberculosis Outbreak in Prey Veng Province

BK0901074293 Phnom Penh Samleng Pracheachon Kampuchea Radio Network in Cambodian 0430 GMT 9 Jan 93

[Summary] Anti-tuberculosis workers of Prey Veng Province have reported that nearly all the people in (Khnhok) village, Popoes commune in Prey Veng District, have been affected by tuberculosis after one patient was discovered there earlier. In 1992, nearly 30,000 people were checked for tuberculosis. Over 25,000 people have been diagnosed as carriers of the disease while in 1991 there were only 1,900 cases. Mobile units and local anti-tuberculosis centers have treated over 1,200 patients.

LAOS

High Number of Malaria Cases in Sayaboury

BK0401045093 Vientiane Vitthayou Hengsat Radio Network in Lao 0000 GMT 23 Dec 92

[Text] According to a report from the anti-malaria service of Phiang District hospital, Sayaboury Province, some 743 out of a total of more than 2,200 people having had blood tests for malaria virus this year have been found to be afflicted with malaria. This represents 33 percent of the total people who have received the blood tests. The malaria virus that has infected these people was found to be falciparum. Cadres of the hospital provided medical treatment for the malaria-afflicted people while distributing more than 5,300 tablets of preventive medicine, including chloroquine and quinoline, to those who had their blood tested. The medical cadres also provided the people with some 1,260 vials of inoculum.

It is generally seen that the multiethnic people in the district this year came to better understand the blood tests for malaria.

WHO Supports Combatting Schistosome Mekongi Disease

BK0501103093 Vientiane KPL in English 0903 GMT 5 Jan 93

[Text] Vientiane, January 5 (KPL) —Dr. Khamliang Phonsena, director of the Institute for Hygiene, Malaria, and Parasites, disclosed recently that at the begninning

of this year, the institute has a plan to distribute medicine to people of Khong District, southern Champassak Province, to fight against schistosome mekongi.

The programme received U.S. dollars 58,955 support from the World Health Organisation.

In September-October 1991, 21,266 people in 117 villages of 13 communes in the same district of Khong received over 52,000 tablets of g'praziquantet' [as received]. In 1989, these villagers received for the first time, over 95,000 tablets of the medicines.

Following the discovery of the illness in 1957, the government has adopted a policy to combat the illness.

MALAYSIA

Kuala Lumpur, Gombak Placed on Cholera Alert

BK0601115693 Kuala Lumpur NEW STRAITS TIMES in English 5 Jan 93 p 6

[Article by Abu Yamin Salam]

[Excerpts] Shah Alam, Monday—The Selangor Medical and Health Services Department has issued a cholera alert in Kuala Lumpur and Gombak after a hawker was admitted to the Kuala Lumpur General Hospital on 28 December 1992. State Health director Dr. Naranjan Singh said although only one case has been confirmed since, the department does not regard it as an isolated case.

"We urge the public to improve their personal hygiene, avoid eating uncooked food and not to visit stalls run by hawkers whose personal hygiene is questionable," he said. Dr. Naranjan said the 44-year-old hawker had a food stall in front of the Baitulmal Complex in Ipoh Road and stays in Gombak. He is being treated for severe diarrhea and vomiting. [passage omitted]

The last cholera case in Selangor was detected in Klang on 29 November after a wireman was admitted to the Tengku Ampuan Rahimah General Hospital, Klang. Two weeks later, Klang was declared clear of the disease.

VIETNAM

VNA on Vaccination of Children Against Diseases

BK0501141993 Hanoi VNA in English 1245 GMT 5 Jan 93

[Text] Hanoi VNA January 5—By the end of December 1992, 788,220 (or wirm [sic] percent) of children under one year old in northern provinces had been vaccinated against six major children killers (T.B., polio, measles, whooping cought, diptheria and tetanus).

Hanoi took the lead with 99 percent of its children already vaccinated. In the provinces of Ha Tinh, Hai Hung, Thanh Hoa, Ninh Binh, Ha Tay and Thai Binh and Haiphong Port City, the rate was from 85 to 90 percent. Nearly half of pregnant women were vaccinated against tetanus among new-borns. To get 80 percent of under-one- year-old vaccinated in 1993 under the expanded immunisation programme (EIP) more attention will be paid to the mountain provinces.

ROMANIA

Government To Subsidize 'Vital Medicines'

AU0401181893 Bucharest ROMPRES in English 1641 GMT 4 Jan 93

[Text] Bucharest, ROMPRES, 4/1/1992—75 percent, 100 percent respectively, of the cost of 200 vital medicines will be compensated by the state from a special health fund, says a decision passed by the government in its last meeting of 1992. The decision adds that pensioners, employees, members of their families benefit from the compensation. The medicines compensated 100 percent include antineoplasics, neuroleptics, antidiabetics, tuberculostatics, antiasmathics, leprostatics, antarrhythmics, cardiotonics, powder milk for babies.

131 drugs will be compensated 75 percent. They include antibiotics, chemiotherapics, hepatoprotectives, antiinflammatories, antihypertensives, antidepressants, anticoagulants, tranquilizers, antidotes.

The medicines not included in the lists above will have only half of their price compensated by the government.

The Minister of Health, Iulian Mincu, said in the same meeting that all drugstores would shortly be privatised.

DOMINICAN REPUBLIC

Official Reports New Cases of Typhoid Fever

FL0701145193 Santo Domingo Cadena de Noticias in Spanish 1000 GMT 7 Jan 93

[Text] New typhoid fever cases continue to be detected in the Simon Bolivar District, where several people have died from this disease. According to internist Carmen Delia Marmolejos, from the Don Esmeraldo Diaz Clinic located in Simon Bolivar, another suspected case of typohoid fever has been diagnosed.

Elpidio Baez, a councilman from the Dominican Liberation Party who has become a champion for that district of Santo Domingo, said that other cases of the disease have been detected in other health- care centers in nearby districts. Authorities of the Santo Domingo Water and Sewage Corporation have not solved the problem of the contaminated water supply since the death of several residents of the district.

Also, in districts like Gualey, Las Canitas, Ensanche, Espaillat, Los Guandules, and others, the Water Corporation continues supplying water that is not even clean enough to wash clothes in.

GUYANA

Ministry Reports 'Leveling Off' of Cholera Cases

FL0601190493 Bridgetown CANA in English 1801 GMT 6 Jan 93

[Text] Georgetown, Guyana, Jan 6, CANA - Guyana's Health Ministry is reporting a leveling off of cholera cases, two months after an outbreak was reported. Chief Medical Officer Dr. Edward Sagala told CANA the situation "remains stable," with no additional fatalities being recorded by the health authorities. Deaths remained at five, he said.

The ministry, he said, wants to concentrate in 1993 on more in- depth epidemiologic studies to determine the spread and patterns of the disease. Cholera, which was first diagnosed in Mabaruma in Guyana's north west district in region one (Barima/Waini) in western Guyana near Venezuela, has since spread to three other regions, including the capital, Georgetown. There were two confirmed cases in the capital, early in December.

ALGERIA

Doctor on Failures of Psychiatric Care

93WE0131B Algiers ALGER REPUBLICAIN in French 11 Nov 92 p 5

[Interview with Dr. Tedjiza, director of Ibn Imrane psychiatric clinic, by Mostefa Gaceb; place and date not given]

[Text] A psychiatrist takes stock of his profession since Algeria's independence 30 years ago: "The situation is alarming," says Dr. Tedjiza, director of the Ibn Imrane psychiatric clinic at Mustapha Hospital. He shared his thoughts with us in the following interview.

ALGER REPUBLICAIN: Tomorrow, the INSP [National Public Health Institute] will hold a conference on psychiatry. When asked what to expect of the conference, one member of your profession said that "it will be a gathering among medical colleagues to acknowledge failure and to enumerate the disastrous shortcomings of 30 years of psychiatry in Algeria." What is your view?

Dr. Tedjiza: Failure must be acknowledged. Somewhere, something has failed. All the ingredients of failure are present. The situation is alarming.

The creation of sectors of care, a policy imposed on the profession by the decree of 24 February 1987, was intended to limit the number of hospitalizations and to improve patient referral, but it only made matters worse. Psychiatrists have more patients than they can handle, and that affects the quality of patient interviews, which are a critical stage in reaching a diagnosis and initiating a course of therapy. How much time can a psychiatrist spend with each patient when he has 40 or 50 of them to see in one morning? We are asked to limit the duration of hospital stays, and when true emergencies arise, we have little time in which to find an available hospital bed.

In such cases, the patients do not receive better care. Some are released only to be readmitted at a later date. It has become a "revolving door." The patient leaves a hospital ward only to return the next day. Psychiatric cases are concentrated in the larger cities (in Algiers, in particular). Many of them seek care at the hospitals of Algiers on the false assumption that the quality of care and hospital conditions are better there. Since independence, however, the number of hospital beds has been decreasing. We cannot even provide one hospital bed per 1,000 inhabitants, whereas the minimum standard set by the WHO is three beds per 1,000 inhabitants.

Today, many demands are placed on the profession. Emergency wards are besieged by drug addicts in search of therapeutic drugs. Some of our medical colleagues do not cooperate. Instead of helping addicts to overcome their plight, they send them to us with the hope of obtaining yet another prescription for drugs. There is no policy, no effective treatment, for drug users.

ALGER REPUBLICAIN: In addition to drug users, there are social cases and the homeless.

Dr. Tedjiza: We are not equipped to deal with these situations. Each social case is wrongly labeled a psychiatric case and automatically referred to us for care. There are no social assistance guidelines. It is government's task to respond to social cases: These are citizens like you and me. They have a right to a roof over their heads, to food, and to consideration. It is wrong to categorize them as mentally ill. That merely isolates and marginalizes them to an even greater degree.

With this mental health policy of ours, we have reached the point where psychiatric evaluation has become routine—a psychiatrist's opinion is sought in connection with a permit to carry a hunting rifle or a driver's licence. In addition, negative attitudes exist among our medical colleagues, unfortunately. Hostility toward psychiatry is on the rise among them. To give you an example, we once asked a professor to see a patient who had undergone an operation at the clinic he heads. His reply was: "I do not have any time to waste on the dregs of humanity."

Moreover, the system of medical and paramedical training is a complete failure. The situation is further compounded by the fact that the entire corps of psychiatric practitioners has lost all motivation. Nothing compels them to work. They seize any opportunity to leave the country. In our department, two specialists have taken long assignments elsewhere and a third has taken a leave of absence without pay. That leaves only one public health psychiatrist, in addition to the residents in training.

We are limited in the therapies we can prescribe. For a long time, lithium salts have been lacking, and electroshock is no longer available even though it is indicated in certain cases.

ALGER REPUBLICAIN: Therapeutic drugs are lacking. Psychiatrists trained with public funds are going into private practice. Psychiatric units in the interior of the country are closing their doors. The number of mentally ill is growing in the larger cities and instances of aggression in the streets are on the rise. People are worried....

Dr. Tedjiza: I do not completely agree with you. The mentally ill are not as dangerous as others. There is danger elsewhere and we deal with it daily. The mentally ill are to be pitied more than feared. They are the forgotten people. They have no food, shelter, clothing—nothing. The government should given them assistance. In a country governed by the rule of law, access to care is a right.

Uncontrolled urban growth, generalized industrialization, and development have brought both good and bad. Society's behavior toward the mentally ill is changing. In

the larger cities, society is becoming increasingly intolerant of mental illness, in contrast to the tolerant attitudes still found in villages.

Runaway population growth, the break-up of the traditional family unit, very real obstacles of all types, and the problems of daily life have created a tendency to release frustrations on whatever is available. To give you an example, a man who was having trouble caring for his mentally ill son came to me one day and said, "I leave my son in your care, doctor. He is in your hands, now."

ALGER REPUBLICAIN: We have seen that most psychiatric care facilities are located in the larger cities, in Algiers in particular. Units in the interior of the country are not faring well....

Dr. Tedjiza: Precisely because nothing has been done to ensure that they can function. Working conditions are very difficult. It is time to restore respect for the public health psychiatrist. The practice of assigning a psychiatrist to a rural polyclinic or some remote hut, leaving him to work for years without any program, must stop. The public health psychiatrist needs to know what he can expect in his career, how he will advance in the hierarchy. He must be given some motivation to work. He should be paid a decent salary that keeps pace with the rising cost of living. Can any of the psychiatrists who work in the public health system afford to marry or buy a car or an apartment?

In addition, psychiatrists are offered few formal opportunities to update their knowledge. A doctor is someone who must continually update his medical knowledge in order to care for his patients.

ALGER REPUBLICAIN: The theme of your talk at the INSP conference tomorrow is: "What is the present state of public mental health assistance?" Do you believe that such assistance effectively exists?

Dr. Tedjiza: It is not what it should be. It is neither effective nor responsive to real needs. Public mental health assistance falls short of what it should be. It is far from meeting the demand, in quality or in quantity. It does not meet the needs of the public or the psychiatrists. I have been working at Mustapha Hospital for two years and have never had a mentally ill patient placed under my observation. The legislation is out of step with the practical reality.

The situation is very difficult. Our task is not to denigrate, but to bring about improvement, to find solutions.

ALGER REPUBLICAIN: Public mental health assistance cannot function without the help of private practitioners who represent 90 percent of the specialists in this field. In your opinion, how can such assistance be made functional?

Dr. Tedjiza: Our colleagues in private practice undoubtedly have a role to play. Such assistance could benefit a particular category of patients: those who suffer from anxiety, insomnia, or mild depression. We need to prioritize care in keeping with demand. Those who suffer from more serious illnesses should receive public care. Once their condition is stabilized, they could be seen regularly and monitored by private practitioners. The continuity of care is a sacred principle: The doctor has an obligation to ensure that patients continue to receive care and to monitor their progress. In order to provide such care, a good, effective system of social security is necessary. This concept of care must distance itself from the cheapening of medical values. Continuing education for private practitioners is also needed.

ALGER REPUBLICAIN: Is there reason for hope, doctor?

Dr. Tedjiza: I think there is still reason for hope. I have faith in the genius of our people, in their capacity to transcend the epic ordeals that befall them at cyclical intervals.

Emergency Services in Tizi-Ouzou 'Alarming'

93WE0131A Algiers ALGER REPUBLICAIN in French 11 Nov 92 p 2

[Article by Mourad Amroun: "Emergency Services in Critical Condition"—first paragraph is ALGER REPUBLICAIN introduction]

[Text] An alarming sight, conditions at the emergency room of the Tizi-Ouzou university hospital center are becoming intolerable. Complaints are heard from doctors, nurses, and patients. What is really happening there?

Tizi-Ouzou (DNCP [expansion not given]): The visitor is struck by a blatant lapse in standards at the emergency room. There are signs of negligence and a complete lack of hygiene. The medical and paramedical staff blame the administration for deteriorating conditions. Unanimously they feel that their professional conscience will not allow them to tolerate such conditions any longer.

The off-hours team consists of one assistant profession, one resident, three interns, and one nurse! There are only two examining tables and five beds for the entire emergency room which takes in no fewer than 200 patients a day.

The emergency room receives all patients who require immediate medical attention, and they come from everywhere, referred to this hospital for various reasons—a lack of supplies elsewhere, etc.

The emergency room had a good reputation in the past, and still does, despite being strained beyond its physical capacity. The premises we visited were too small to accommodate the daily influx of patients.

Most of the patients are in a comatose state. Day or night, the emergency room is always full.

The wait to be seen by a doctor is so long that one wonders how the seriously ill survive. Patients may spend hours seated on a bench, or even on the floor.

Some people also wonder why so many continue to flock to this hospital, since its problems are not unknown.

Does all of this escape the notice of administrators in white coats who seem unwilling to roll up their sleeves? Are resources so lacking that not even a slight improvement is possible?

The emergency room, like the rest of the hospital, needs to restore its credibility and carry out the task that it was meant to perform.

A new emergency wing is under construction. Meanwhile, the sick must receive the emergency care they require, as illnesses cannot be postponed until the new wing is completed.

The consequences of such disarray grow worse every day. In the name of the Hippocratic oath, something must be done.

Loss of Physicians; Situation 'Serious'

93WE0133A Algiers LE SOIR D'ALGERIE in French 16 Nov 92 p 7

[Article by Samira Mesmi: "Batna: University Hospital Center Deserted"]

[Text] Officials and managers of the Batna University Hospital Center are actually seized with panic as many specialist physicians are leaving.

These "desertions" make things worse at the hospital, where the situation was already not very good, as it experiences the same crisis as other hospitals in the rest of the country.

At an emergency meeting, officials even contemplated refusing to accept such resignations, while trying to attract cadres with offers of housing and new budget items, on a par with the ISSM [expansion not given].

The deterioration of working conditions at the university hospital center is such that rumors are spreading.

Some say that the hospital is about to be closed because departments suffer from a serious lack of specialists.

According to others, there is a rush toward private practices and clinics.

It is the physician's traditional image that is thrown back into question, at a time when some patients cannot stop praising the Chinese physicians working in Arris, who even learned "chaouia" so they could understand old peasant women from our mountains.

Insufficient Care for Dialysis Patients

93WE0179B Algiers ALGERIE ACTUALITE in French 18-24 Nov 92 p 8

[Article by Fadela Chaib: "Quiet, Please: People Are Dying"]

[Excerpts] Close to 650 new patients each year join the long list of sufferers who need renal dialysis. Herewith, some shocking revelations. [passage omitted]

How are they faring, these renally handicapped persons? For that is what they are, even if the social security system and society itself do not recognize them as such. They are not even entitled to a disability card to get preferential seating in crowded trains and buses on grounds of their condition. The horrible and inhuman hemodialysis sessions leave them completely debilitated, at the mercy of other complications. There are more than 3,000 patients suffering from kidney failure. Worldwide, it is estimated 20 to 25 new cases are identified for each million inhabitants. This figure is increasing as a result of soaring demographic growth, the almost complete breakdown of preventive care, and our young population. About eight to 10 children per million inhabitants are afflicted.

Close to 650 new patients, including almost 260 children, enter the "dialysis market" each year. The patient load increases every year, and there is no prescribed medical procedure that could restore health to these people who live chained to the [dialysis] machine. Renal transplant is the only real cure for chronic kidney failure.

Moreover, our health infrastructure is not equipped to meet the demand for hemodialysis. There are 32 dialysis centers, scattered haphazardly and inequitably without taking into account the density or geographic distribution of the population. The south, with more than 2 million inhabitants, has no center at all. Other regions such as Ain-Defla, Tissemsilt, Chlef, and Setif are no better off. Centers are concentrated mostly in the vicinities of Algiers and Oran. This forces hundreds of patients to journey hundreds of kilometers to reach the center closest to them. Some, unable to cope with life on this vicious treadmill, just give up and die. Others, like the young woman described above, are abandoned because the burden is too heavy. Hamou, 10, is a Mozabite. His father, a "hamel" at Ghardaia, left him at the hospital a year ago because he could no longer afford the transportation costs. An outsider who can't speak Arabic, he often curls up in the fetal position and refuses to be coaxed out of it for days at a time. His older brother has now come to join him in the ward. Fate surely preys on the most vulnerable. Another woman, abandoned by her taxi-driver husband, is cut off from her child because of her illness. One day the husband was so sadistic as to demand that his former in-laws pay him the fare for taking them to the hospital. Mrs. Said, 49, goes by taxi to Mustapha hospital from Sour-El-Ghozlane, starting at 0300. It is late in the day when she gets back home: "I have been a prisoner for nine years." Her husband, a

retiree with seven children, finds it hard to meet all these expenses. To save money, she takes the bus back, often even when her blood pressure is very low and her heartbeat irregular. "No country in the world, not even the wealthiest, can build an infinite number of dialysis centers. Much less Algeria. It is very costly, because everything is imported. Also, many hospitals don't want to open this kind of unit, because it consumes so much of their budget," says Professor Krouri, a nephrologist (specialist in renal ailments) at the Kolea CHU [university-hospital center]. And his chief confirms what he says: "Close to 80 percent of the pharmacy budget goes into dialysis. That amounts to 3.5 billion centimes out of a total budget of 11 billion. Hemodialysis entails heavy costs in water, electricity, maintenance, and salaries."

All the dialysis equipment is imported. Costs have risen alarmingly. CNASAT [expansion not given] pays almost 1,030 Algerian dinars per session, but the actual cost is closer to 3,000, sometimes more. Hospitals are increasingly averse to footing the losses. According to Dr. Foury, president of the National Association to Help Sufferers From Kidney Failure (established in 1989), a kidney transplant costs only one-third as much as a year of dialysis treatment! Meanwhile, he and other doctors are waging a campaign to open up additional hemodialysis centers to alleviate existing suffering and save hundreds of human lives. Mustapha hospital operates from 0700 to 1900. The Kolea facility virtually never stops. It staffs three or four shifts a day: "Only three patients at a time can hook up to one machine, and sessions take four hours. Equipment must be sterilized after each use, which takes time. Less than a hundred patients a day can be treated at that rate. Don't forget that we must do it all over again two days later with the same patients," explains Mrs. Naima, the state-registered nurse who runs the hemodialysis center at Mustapha hospital. So there are no places available for new arrivals. The excess demand puts enormous pressure on health professionals, but even more on the patients. Doctors are constrained to make painful decisions. Here's an example: They keep their patients in dialysis for five hours at a time, twice a week. In that way, new patients will at least have the opportunity for one dialysis session per week. This is clearly risky for patients. "I don't want to decide who lives and who dies any more," exclaims Professor Krouri. A terrible thing to say. "If I refuse a kidney failure patient, he will die very quickly. If I accept him, without getting another machine, I am cutting into another patient's [dialysis] time, putting him at great risk," he explains bitterly. He tells us sometimes he just has to get away from it all, so he won't have to make such choices. Professor Drif, a pioneer in the kidney transplant field, elaborates: "The number of patients is growing, but the centers are not. People are dying for lack of dialysis." The following anecdote from Professor Krouri is illustrative of the dilemma: "The daughter of a dialysis patient begged me not to accept any more kidney failure patients, because it might shorten her mother's sessions." Some patients, afraid of being beaten out in the competition for dialysis time, become terrified and vicious: "He is from another region. Why does he come here?" they sometimes ask. Words that betray their panic at the prospect of dying. And indeed the malady has brought tragedy in its wake. In recent years, for lack of proper care, hundreds of patients have died, in silence and to general indifference. "When the illness becomes acute, it is literally a race against death. The patient scrambles to find a dialysis slot, but all the centers are saturated. But he cannot keep running very long, because he dies at the end of a week or two," says Dr. Foury: "Over a three-year period, we have a death toll equal to that of the El-Asnam earthquake, because we cannot accept the patients," Professor Krouri adds bitterly. "Only through death do beds become available for new patients." Nearly 600 deaths per year, says the kidney sufferers' association. And children are among them, for the country has only two pediatric dialysis facilities. The situation is all the more tragic because the disease arrests normal growth. So long as they are on dialysis, their growth will be stunted. Grieving families call on Providence, God, or "mektoub" to console them, but how many men, women, and children have died needlessly? Human lives should not be lost because of penury. "No one keeps statistics of how many have died because they have been turned away," says an impassioned and indignant Dr. Foury. He himself was a victim of kidney failure but had the good fortune to be among the first to receive a transplant, thanks to his sister's willingness to be a donor.

The overcrowded conditions have an effect on sanitary conditions and prevention of AIDS and hepatitis B. Although doctors and paramedics at the Kolea CHU are remarkable for their self-sacrifice and compassion, their situation is scarcely enviable. "I have been in the hemodialysis department for 14 months, but I'm always afraid of catching AIDS or hepatitis B, since we handle blood all day long with no protection for our hands." A top-level health technician and his colleagues told us it has been months since they received any [surgical] gloves. Their chief, Krimo, believes they are just surly about adapting to penury: "I give them a pair of gloves, but they don't want to wash them after every use. This generation only wants disposables," he snaps. "Besides, we are used to working under these conditions." What he fears most are emigrants and foreigners coming in for dialysis. Bigots certainly have thick skins! In normal times, patients get check-ups every quarter, but as one young male nurse told us: "The laboratory no longer services our requests. Tests are administered very irregularly. Rabi yestar," he concluded.

Prevention is of critical importance for getting early indications of kidney failure: "It is the failure of our preventive medicine that lands people in the terminal phase of the illness," believes Professor Krouri. Indeed, the whole preventive medicine policy is to blame, for it should have detected the problem in time for remedial action. The lack of medical examinations in the schools, prenatal care for pregnant women, and tests for high

blood pressure, diabetes, and abuse of certain medications such as aspirin and antibiotics contributes to the soaring incidence of kidney disease.

Ray of Hope

Six years ago, in June 1986, an Algerian team headed by Professor Drif of Mustapha hospital performed the first successful kidney transplant. Over a two-year period, 21 other operations were performed. This success has brought a ray of hope to thousands of patients suffering from irreversible functional impairment of both kidneys: Chronic kidney failure, if not alleviated, brings certain death within a more or less short period. But the renal transplant program was shut down, depriving thousands of patients of a second chance for life. The shutdown was a result of the political instability we have seen since 1988 and lack of interest on the part of successive health ministers. "There is no policy to deal with chronic kidney disease in this country," explains Professor Drif, "and this lack of political will has hurt our morale. Individual initiatives by themselves won't do for the longer term. We needed to feel the country's political authorities were really serious about getting a handle on this problem. At all events, in terms of discouragement, we hit bottom between 1989 and 1991." Dr. Foury adds: "There is no systematic planning. If a few centers are still open, it is often thanks only to the dogged determination of the nephrologists. Kidney transplants are the only answer, but the medical teams are discouraged and have drifted apart."

The new work of Professors Drif and Aberkane of Constantine with transplants is certainly laudable, but individuals cannot solve the transplant problem by themselves. The situation has exacted a toll in human lives—hundreds every year, according to medics. This year there are glimmers of fresh hope: Professor Drif has reassembled his team. Two transplants have been performed, and 36 others are planned. The authorities now seem interested in this serious public health problem, but progress is hampered by bureaucratic inertia. Thus the law on removal of tissues and organs from deceased persons for transplant, which finally came into force in July 1990, two years behind schedule is still a dead letter. It is kept on hold by delays in the issuance of implementing regulations and establishment of the appropriate facilities. The number of kidney failure sufferers is such that hopes for a transplant from a living donor are slim. The new law at last authorizes removal of organs such as kidneys and corneas from deceased persons. It stipulates that organs can be removed only if the deceased gave consent during his lifetime. Then it is up to the family whether to consent to removal of the organs of a loved one. One provision of the law seems dangerous, however, in that it permits surgical removal without consent of the family in the latter's absence, if deterioration of the deceased donor's organs or the recipient's medical condition requires immediate action. In fact, this language is subject to interpretation and might give rise to practices that are illegal or infringe on the moral and physical rights of the deceased and their families.

Only ethics and the law can guarantee the interests of all sides are protected. In any case, organized religion (through various "fetwas") gave its blessing to organ transplants from cadavers several years ago. The religious were out in front of the law. In Tunisia, this procedure has been performed for some time, whereas in Algeria, the 24 transplants thus far were possible only thanks to living donors who were members of the recipient's family.

"Renal failure is well understood. So is its treatment: a kidney transplant. Deceased donors are the principal source of organs. It can save the lives of thousands of people," explains Professor Drif, "but it is not a simple matter." In fact, it requires perfect coordination of the efforts of rescue and emergency room personnel. "Traffic accidents happen all the time, and it is unfortunate; we must reorganize everything to try first of all to save the victim by every means possible. But if those efforts fail, he must be kept in good condition, well oxygenated, in order to keep open the option of organ removal. A dead person with two kidneys can save two lives," Professor Drif argues. Also, a national roster of potential recipients must be maintained so a patient waiting for a donor can be contacted quickly if he and the comatose accident victim turn out to be compatible. No steps have yet been taken in this direction. Surgically speaking, kidney transplants are not terribly difficult. They require a multidisciplinary medical team, an operating suite, a laboratory, and radiological support. These resources exist, as do the personnel, but the overall environment is lacking. "We started looking into kidney transplants in 1973, and the 1986-1988 program proved it was entirely feasible to perform them with Algerian medical teams and at less cost. All we need to get going is a national health policy," adds Professor Drif.

This hope, though it may seem tenuous, must at all costs be realized. We can no longer close our eyes to the lives being cut down and sacrificed on the altar of indifference. For Messaouda, Hamou, and all the others....

Socio-Economic Conditions 'Linked' to Illnesses

93WE0179C Algiers ALGERIE ACTUALITE in French 18-24 Nov 92 p 11

[Article by Amar Zentar: "The Inhabitants of Zone 3"]

[Text] At Annaba, the manifest and chronic problem of air pollution has almost masked an even more pernicious problem, pulmonary tuberculosis, which flourishes in the same environment as asthma. Plausible explanations....

It is a shameful disease, a social disease, a disease of the poor, an urban disease—and a dreaded scourge that still rages in almost all Third World countries. And Algeria, which belongs to that world, is only slightly less affected

than others by the ravages of this malady. However, tuberculosis here is one of the few diseases that was targeted in a health action program going back as far as 1968 (Decree of 69). Of course, whereas the master prevention plan is predictably rigorous, the situation on the ground is not quite as encouraging. For example, at Annaba, where medical facilities are overutilized and there is a chronic shortage of critical medical supplies, tuberculosis—which spreads even more rapidly under the extremely marginal socioeconomic conditions—has been making a comeback in recent years. In fact, more than 35,000 dwelling units were counted in a recent survey of Annaba, where the chronic ambient pollution contributes spectacularly to respiratory pathology. Dr. Benali, chief of pneumopulmonary services at what still has the temerity to call itself Dorban "hospital," says categorically that "propagation of the disease is tied 50 percent to deterioration of socioeconomic conditions and 50 percent to the performance of the health-related sectors."

But can one even speak of performance, when not even the bare minimum is done, and when the health care system as currently organized suffers from persistent functional distortions? In an urban settlement where asthmatics already number in the thousands, one is frightened to hear directly from practitioners close to the scene that "asthma and tuberculosis flourish in the same environment," for some specific reasons. Promiscuity is an unavoidable fact of life in our country, with the average housing unit occupied by 6.7 people; people are packed into public transport vehicles so closely they practically breathe into each other's mouths; and some persons engaged in low pursuits are highly mobile (common borders, plus the famous boat to Naples): All this makes it so to speak favorable terrain for a disease known to be highly contagious. Under our law, people who contract this disease are required (and rightly so) to disclose the fact. In Algeria, victims come predominantly from the lower classes (specifically, the shantytowns of Sidi-Salem, Hadjar Eddis, Seybouse, etc.). The poor bear the brunt of its effects, but the target population also includes the [sexually] active younger part of the adult population, ages 14 to 44. Overall, it is undeniable that in prevention and early detection, enormous progress has been made considering the limited means at hand, especially in these recent years of crisis. However, and in this vital sector where things have been haphazardly patched up for too long now, Professor Zitouni (whom we met by chance in the squalor of Dorban hospital) believes that in terms of bringing this disease under control, it would be better "not to do anything than to do it badly."

But practitioners rarely enjoy full freedom of action. That said, it would be dishonest to hide the fact that the relative improvement of socioeconomic conditions, especially in the 1970's along with the introduction of chemotherapy, have tangibly reduced the annual risk of infection and demystified both sanatoriums and the disease itself. Nor should we omit the periodic check-ups (once every two or four years)in the program, and its redefinition in terms of changing patterns of the epidemic. If those who were our decisionmakers at the time (Boumediene) were responsible for having established free medical care, a gain it is important not to jeopardize, isn't the current head of government responsible now? To get back to more concrete issues, it may be germane to point out that Annaba is situated in "zone 3" with respect to this contagious malady and its airborne transmission. What does that mean? Dr. Benali enlightens us: "Even if statistics are distorted by imperfect disclosure, zone 3 signifies the area where risk of infection is greatest. In other words, 40 infected patients per 100,000 inhabitants."

Of course, without close study, statistics mean only what one wants them to mean.... And to get a better understanding, let us briefly survey the problem from a historical perspective. In 1979 for example, according to the same source, there were 200 cases for 200,000 inhabitants, the national average being 100 cases per 100,000 inhabitants. A decade later (about 1991), there were still something like 57 cases per 100,000 inhabitants. There is of course a large margin for error in these statistics, which must therefore be taken in their context of incessant administrative cutbacks, re-ghettoization of the quarter, and other exogenous factors....

For the moment, since we have not totally eradicated this pernicious disease, it would be useful to correct at a minimum at least some of the shortcomings that continue to make life miserable for health care providers and naturally for patients themselves. Even though we are assured (convincing proof has yet to be provided) that the cost of caring for a tubercular is not as high as the cost of medicine, Dr. Benali admits that in light of the drastic reduction in the amount budgeted for the import of medications "we have been obliged to revise the therapeutic program, which is now eight months instead of six." In that connection, 1991-1992 is described as a particularly "black year for tuberculars," whose welfare was sacrificed due to the shortage of vital medications, reagents and (sad to say) consumables in general. To top it all, notes one doctor who must remain anonymous, "the director general of the CHU [university-hospital center] has been able to acquire a fancy, brand-new [Peugeot] 405, but we can't get the bare minimum to do our work...."

This is unacceptable, at a time when there have been no supplies of BCG ("calmette guerin bacillus") for a whole year and no tuberculin for two years, not to mention shortages of izoniazid, "rifonampycine," and streptomycin, which are of incalculable importance in treating patients. What is even worse—or better, depending on one's point of view—at a time when our hospitals had no idea where to turn, unscrupulous persons with connections in pharmaceutical dispensaries were peddling—at scalpers' prices—syringes, surgical thread, and other medical marvels that are supposed to be found at public health facilities. Another serious problem is how to make up for what is called "loss of ground truth" at a time

when the fleet of vehicles is almost nonexistent, preventing any serious investigative work. Another indicator: A single box of rifomycin costs about 3,000 Algerian dinars, enough for any minimum-wage earner to choke on.... Finally, we cannot fail to mention the fact that among modes of propagation of the microbe, an infected subject "ejects up to a million infectious particles when he sneezes, for example."

That being the case, it would be a mistake to think that early detection and prevention of this dreadful plague are exclusively the purview of the specialist. Because the best strategy to increase immunity—one which ought to be implemented and strengthened constantly—is continuous amelioration of the social conditions in which the least advantaged must live, since their environment is—and no slighting inference is intended—a veritable breeding ground for microbes.

Efforts of Beurs To Promote Health Care

93WE0179D Algiers ALGERIE ACTUELLE in French 18-24 Nov 92 p 14

[Article by Malika Haffad: "Medicines for Algeria"]

[Text] An association of "Beurs" [second-generation Arab immigrants living in France] is so concerned over health and health delivery problems in Algeria that they have launched a campaign to get medicine to our country. There are also plans for a telethon in December....

The team of young Algerians (ages 25 to 30) living in France has decided to lend a helping hand in an unusual way. These "Beurs," Algerian students and white-collar workers, have united behind a project to alleviate the plight of their compatriots. Thus was born "Urgences Algerie" [Algerian Emergency], an apolitical, humanitarian, not-for-profit organization with headquarters in Paris. Its first solidarity project is "medicines for Algeria," something that everyone knows is a very real emergency. The association collects funds, medications, and consumable medical supplies abroad in order to distribute them in Algeria.

Souad, an Algerian pharmacy student and one of the group's founders, has just left Algiers, where he spent a hectic week inquiring into the needs, possibilities, and actions required to make the operation a success. The task is far from easy. The association is not trying to do anything nationwide in scope; for the moment, at least, it is taking a cautious and measured approach.

Medicinal supplies will be distributed to pharmacy units at selected hospital centers. Urgences Algerie will focus on working with associations dedicated to persons suffering from various diseases, and with experts from the medical world. APAF (Association of Algerian Pharmacists in France) will be responsible for analyzing needs and purchasing products. While donations of medicines are infrequent, pharmaceutical laboratories can offer favorable purchase terms, and humanitarian groups that have been approached have assured them of their material and logistical support.

Today, Urgences Algerie is soliciting the necessary funds from all the private enterprises and institutions capable of providing financial support. As part of its campaign, it is also preparing high-impact media events. For example, the "telethon" will be held in December, in association with free radio stations and an Algerian radio station (multiplexing is being negotiated). A gala is planned for the end of winter, with celebrity participation if possible from singer Idir and comic Smaim, from whom the association has already obtained agreement in principle. A broad publicity and information campaign will also be conducted in all the media to sensitize the general public to the tragic consequences of the shortage—and in some cases nonexistence—of medical staples. Urgences Algerie has also assembled a blue-ribbon committee of luminaries from the medical, artistic, and athletic worlds to support its initiatives. The association is most worried about the distribution system. Painstaking attention is devoted to the problem of transporting and distributing [the donated supplies], and for two major reasons: Urgences Algerie insists on the one hand that supplies it provides be given out free of charge and for the intended purpose, and on the other hand that organizations involved in distribution have capable organizations on the ground, to prevent diversion. In a word: free medical supplies for the sick. Urgences Algerie hopes to organize its own distribution network in coordination with medical professionals and with associations dedicated to the welfare of those suffering from illnesses.

Souad, Malika, Farid, and the others are making more and more contacts, and gradually picking up support of every kind. It is not always easy, but "nothing is ever easy, and we believe it has to work."

While their initiative may alleviate the suffering of a number of victims handicapped both by their illness and by the unavailability of medications needed for their recovery, it will also set an example that may lead to other good works.

Steps To Disperse Drugs, Lower Costs Improving

93WE0179E Algiers ALGERIE ACTUELLE in French 18-24 Nov 92 p 15

[Article by A. Sayoud: "Governmental Measures:]

[Text] Faced with deteriorating medical conditions, and the high expense and unavailability of medications for chronic and serious diseases, the government has taken a number of urgent steps to alleviate the shortages....

"Diabetic, searching desperately for the necessary medication.... I only have one bottle left. And my course of treatment must not be interrupted. I am in imminent danger. I ask everyone who has supplies to make some available to me...." "My child is suffering from a serious

illness. The medicine is indispensable for him. I will pay a high price to save him...." "...elderly woman with cardiac trouble searching for X product. God will bless generous souls who...." Like bottles cast into the sea, these distress calls, appearing all too frequently in the columns of our newspapers, are unmistakable indicators of the agony and grief of those victimized by the shortage or high cost of medications.

The appeals sum up the despair felt by those suffering from chronic illnesses, hostages of a crisis they had no part in creating. In the newspaper columns, they aver their refusal to die, their right to life, because they know their situation is the result not of fate but of the amorphous crisis that has crippled the public health system.

Although it is of strategic importance, the health sector has never really been "healthy," despite the interest it has always excited and the efforts that have been undertaken to make it more efficient. From slight improvement to relapse, the sector has been a perennial convalescent—but in these last few years, thanks to the profound crisis raging in our country, it has sunk into a "comatose state."

This bitter truth, which no one can deny now, should prick the consciences of our leaders and inspire them to take vigorous measures to make it at least marginally more effective. If not, what does the future hold for the diseased? This question sums the stakes, and the effectiveness of the policy decided upon must be judged on how it changes that future.

From cost-free medicine—condemned by some and championed by others—to the "liberal" reforms urged by others as the universal panacea for all the sector's ills, public health officials have not yet come up with an approach that can free the sector once and for all from the political and ideological turmoil strangling it. Because the health of the citizenry first requires adequate facilities, qualified medical personnel, and costs that are within the means even of the least advantaged, since it is they who are most vulnerable.

Since 1990, the situation has deteriorated further; in the last few months, it has become almost intolerable. Accustomed to shortages of every kind, to which they end up "adjusting," citizens now have been hit by a shortage, which many people believe could have tragic consequences: a shortage of medicines. These indispensable and strategic products have become almost inaccessible, either because of their prohibitive cost or because they are unavailable. Victimized citizens are forced despite themselves to scrimp on medical care, and tragedies—aggravated illnesses and deaths—will sometimes result.

With conditions getting worse and worse, the government has retained health as a priority item in its budget plans. Urgent action is required, because "the critical situation, marked by shortages that have become virtually chronic since 1990, the shutdown of several health action programs, and serious disruptions in the treatment of the chronically and seriously ill have caused a loss of confidence, on the part of the populace and health professionals, in the state's ability to assume its role of protecting the population's health."

In order to remedy this situation, anticrisis measures have been taken to make medicines available in all parts of the country, especially medications needed for the treatment of chronic illnesses, owing to the need to get prices and availability back to normal as quickly as possible; in addition, other steps have been taken to alleviate the problems of the ailing; and finally the government has started to do some serious thinking about how to ensure that the public health sector fulfills its role, regardless of contingencies and political turbulence.

The first results have already been seen: Prices are going down, and pharmaceutical products are becoming more readily available. The seriously ill are seeing hope reborn. Will Abdesselam's program get public health on the right track this time?

IRAN

Shahr-e Kord Hospital Construction Nearing Completion

93AS0327Z Tehran ABRAR in Persian 25 Nov 92 p 9

[Text] Construction operations on the 192-bed hospital of the Social Security Organization of Shahr-e Kord are rapidly progressing. So far, 82 percent of the physical work of this hospital has been completed, and with the speed of construction of the house building company affiliated with the Social Security Organization of the province of Chahar Mahall and Bakhtiari, this hospital will become operational and used by the insured patients of the Social Security Organization of the province in the first half of 1372 [21 Mar 1993-20 Mar 1994].

The initial funding for this hospital was 2 billion rials, of which 1.5 billion has been used, and at the present every month 6 million tomans are spent on the completion of this building. This shows the speed of the house-building company affiliated with the Social Security Organization of Chahar Mahall and Bakhtiari Province in building the hospital. Here, it is appropriate to thank the officials of the province, the head of the contracting project of the Iran House Building Company and the Esfahan and Tehran offices that have provided the necessary help. It is worthy of note that at the present the total number of insured people in the province of Chahar Mahall and Bakhtiari is 27,000 persons, and in this area, the Central Office of Health, Treatment and Medical Education of the province, which is the other party to the contract of the Social Security Organization, offers the necessary treatment services to the insured. At the present, by creating treatment centers in the cities of Borujen and Farsan, the problem of workers in these two cities has also been resolved, and efforts have been made to eliminate the problems in the cities of Lordegan and Hafshejan, and soon the treatment problems of the

people in this region will also be eliminated. It is interesting that the amount of loan that so far has been placed at the disposal of the insured in this province by the Social Security Organization of Chahar Mahall and Bakhtiari is as follows.

Housing loans, 144,062,885 rials.
Regular pay, 11,290,000 rials.
Marriage, 76,090,000 rials.
Repairs and building, 82,150,000 rials.

Also, of the total insured persons in the province, 2,207 persons receive regular pay and 477 also receive allocations. Also, those eligible for the law of trade and free occupations number 4,200, for whom 4,228,351,020 rials have been spent on treatment and services by the organization.

Suggestion to the Insured

In the same connection, the suggestion of the officials of the Social Security Organization to individuals that are covered is that they do their utmost with regard to the use and upkeep of the treatment resources and equipment of the hospitals and treatment centers of this organization. And employers also, by presenting the precise identification of the insured, have the necessary cooperation with the social security inspections and take rapid steps to pay the premium of their employees so that there will be no disruption in the services to the insured. Considering that the request of most of the insured is that the Social Security Organization pay more attention to providing treatment for them. Hence, considering the serious need for the 192-bed hospital, physicians, and an experienced cadre, and the fact that this hospital could in the future become a teaching hospital, it is necessary to create the personnel resources from now to man this hospital and to provide the comfort needed by the personnel as well, and to make use of the resources of this large hospital.

MOROCCO

Diagnosis, Treatment of Hemophiliacs Viewed

93WE0170B Rabat L'OPINION in French
27 Nov 92 pp 1, 3

[Unattributed article: "The Facts of Hemophilia in Morocco; No Proper Medical Treatment"—first paragraph is L'OPINION introduction]

[Excerpt] According to WHO estimates, there is one hemophiliac for every 5,000 births, or one hemophiliac for every 3,000 boys.

The problem of hemophiliacs, who need fresh blood or the coagulation factors they lack to treat the disease, cannot be viewed in the same manner in Morocco as in France or elsewhere.

The WHO estimates that there is one hemophiliac for every 5,000 births. Therefore, with 25 million inhabitants, Morocco can be assumed to have its share of hemophiliac children.

In France for instance, hemophiliacs are diagnosed in specialized laboratories and followed by multidisciplinary teams (pediatricians, radiologists, biologists, therapists, and transfusion specialists) to be provided with substitutive blood or the "coagulation factors" they lack.

In Morocco—where there are no accurate official figures—out of the assumed number of hemophiliacs, some 200 are followed in the pediatrics departments of the Ibn Sina (Rabat) and Ibn Rochd (Casablanca) hospitals.

Most of the care received by this hemophiliac minority is provided by the National Blood Transfusion Center, which checks the blood supplied and follows transfusion patients.

No AIDS cases were detected among this small community of treated hemophiliacs.

Nevertheless, the problem of Moroccan hemophiliacs is an acute one: there is no effective, continuous, and genuine treatment of all hemophiliacs, most of whom may die of foudroyant hemorrhage following circumcision, an ordinary trauma, or a tooth extraction. [passage omitted]

Hospital Situation in Khemisset

93WE0170A Rabat L'OPINION in French
27 Nov 92 p 5

[Article by Seddik Benkaddour: "Hospital Yearning for Health"]

[Text] Nowadays, Khemisset is a place of booming urban expansion, due to the fact that people are leaving rural areas and that it is a linear town stretching between two poles, namely Rabat and Meknes.

The population tripled, perhaps even quadrupled since the province was created. As a result, the citizens' needs for medical care, hospitalization, emergency care, etc. increased sharply at a time when infrastructures did not grow at the same rate.

Imagine: there is only one provincial hospital to take care of patients in the province and emergencies in neighboring towns, in particular road accidents (from Oued Beht).

The hospital infrastructure is no longer adequate to meet the citizens' many demands, especially as it is not even big enough to meet the needs of Khemisset; as for serving the whole province, that is another aspect of the question, and one that officials in this vital sector ought to consider.

It is high time to build another hospital in the right section of the town in order to maintain a certain balance.

As for services, we should first note the problem of hygiene; this ought to be the first concern of every citizen entering this public institution, but as the men in white coats smoke cigarettes while walking about the corridors or the wards, we would say that this would be the example to follow!

Then, as anybody can tell you, patients needing emergency operations often meet with a rather cold reception, especially at night, when the physician on duty is often in his room and the male nurse doubles as surgeon and anesthetist (for stitches)!

We should also mention that wounded patients seldom can afford the time to stop at the pharmacy on night or weekend duty to get their own needles, serums, antalgesics, antibiotics, etc. Hence, let us point out that the emergency department must be restructured and given new impetus. This restructuring should extend to the equipment and the supplies used (plaster, bandages, blood sterilization and storage unit, etc.).

Finally, we note with bitterness that some specialists of the "hypocritical oath" need to examine their conscience.

It is infuriating to see mothers, with their babies, waiting on a bench—today, Monday 11 November 1992—while the pediatrician pays no attention to them, although he gave them appointments a few days ago, when they came to the Dayat clinic consultation. Worse still, he dared ask a gallant mother and her baby to go to the "male medicine" department for a "private" consultation.

It would be a good thing to review the way this large medical infrastructure operates. This is why we had to present this brief panorama of things seen in the corridors of this public institution in order to inform public opinion and contribute to providing new impetus to medical services in the Zemmours capital.

Number of Citizens With Health Care 'Insufficient'

93WE0167A Casablanca LA VIE ECONOMIQUE in French 11 Dec 92 p 4

[Article by Amale Daoud: "An Enormous Task"]

[Text] *Only 15 percent of the population has health care insurance or maternity coverage and our hospital infrastructure is woefully inadequate.*

Health and welfare benefits in Morocco are currently governed by the dahir of 12 November 1963, which sets forth provisions for social welfare and health insurance and establishes a framework for the organization of mutual insurance companies.

To date, only civil servants, employees of public agencies and departments, local communities and public institutions, and members of the Royal Armed Forces have enjoyed such benefits.

In the private sector, only a few companies provide medical coverage for their personnel through private insurance companies.

Limited Coverage

The National Social Security Fund only provides sick leave, maternity leave, and disability allowances.

There is no legislation requiring health insurance. The vast majority of the population has no health or maternity insurance.

This social problem was the main subject of debate at the 11th national medical congress sponsored by the Moroccan Medical Sciences Society.

Topics discussed at the seminar essentially revolved around public health problems in Morocco and the need to institute a compulsory system of health-maternity insurance.

Regional Inequalities

It became apparent through the discussions that only some 15 percent of all Moroccans have coverage. Furthermore, there are gaping interregional inequalities in terms of social welfare benefits. Some 75 percent of those with CNOPS (National Fund for Social Welfare Agencies) and different types of insurance coverage live in the central and northwestern regions.

The main purpose served by the seminar was to point up a problem that has long lain dormant and to advance generous ideas.

Not Enough Doctors

In short, the ball is in the government's court and it is the government that faces the task of drafting legislation making health and maternity insurance compulsory, improving the organization and management of public health care in Morocco, and providing the structures needed for a universal system of social insurance and welfare, obviously an enormous task.

Inadequate Services

When one considers that: by mid-1991, the number of doctors was roughly 5,800 for a population of nearly 26 million, meaning approximately 1 doctor for every 5,000 inhabitants unevenly scattered among the regions; the number of hospital beds available to the public in 1991 was some 27,000, almost 1 bed for every 1,000 inhabitants; the number of persons receiving sick leave and maternity coverage from the CNSS (without medical coverage) was only about 26,000 in 1990; despite the law extending social security coverage to them, the majority of the country's

farmers still do not receive sick leave or maternity coverage (as a result of problems such as seasonal workers, temporary personnel, the drought, distance from clinics, and so on); and when one adds the need to cover the remaining 85 percent of the population, one understands the need, not simply to have new legislation, but to draft a coherent social policy with its accompanying legislation, structures, and means of implementation.

Pharmaceuticals Supply Adequate for STD Treatment

93WE0145I Tashkent PRAVDA VOSTOKA in Russian 2 Jul 92 p 4

[Interview with Doctor of Medical Sciences Vagan Armaisovich Akovbyan, a professor at Tashkent Medical Institute No 2 and the republic's chief dermatovenerologist, by Ya. Grober; date and place not given: "It's Not AIDS, But It's Also Dangerous"]

[Text] **A panicky fear of "ultramodern AIDS" has dulled mankind's attention to diseases that have assaulted and continue to assault the health of people for hundreds and perhaps even thousands of years. They were not any less frequent "over the expanses of our wonderful motherland" than beyond its borders. But almost no mention was ever made of these ailments in print. The topic is quite delicate, after all, and moreover, it casts a shadow upon our social principles.**

"It is true that for a long time these diseases were considered to be improper, and the opinion was that a respectable person leading a normal way of life couldn't catch them," Doctor of Medical Sciences Vagan Armaisovich Akovbyan, a professor at Tashkent Medical Institute No 2 and the republic's chief dermatovenerologist, sadly recalls the place of his field in medical practice.

The reader should now understand the kind of diseases I discussed with the professor. I came to him in the Republic Scientific Research Institute of Dermal and Venereal Diseases of the Ministry of Health. It moved in to a recently erected building. The professor associates the move with changing attitudes toward this branch of medical science. Now a patient can be provided real assistance at the scientific research institute at the level of at least the somewhat recent accomplishments of world science. The finances allocated to this field before were simply negligible.

Grober: But clearly, shouldn't money be tied in with accomplishments?

Akovbyan: Perhaps, but the relationship between these concepts needs to be reversed. Although more so because the register of our diseases is growing ever longer.

Before, venereal diseases included four or five ailments. In connection with the development of science we have come to understand that the range of diseases transmitted by sexual contact is significantly broader. There are presently around 20 of them. To the widely known diseases—syphilis, gonorrhea, trichomoniasis, soft chancre—we have now added an entire group of diseases evoking inflammation of the urogenital tract of fungal, viral and bacterial origin.

Though of course, we believe syphilis to be the most terrible in terms of its social and pathological qualities. It afflicts the body more deeply than the others, and it is transmitted by inheritance. There is also a nonsexual form of syphilis, though we have said for many years that it has disappeared. There have been cases in which children using shared toilet objects and utensils have been infected by their parents. The cases are rare, but real.

Grober: But can you really get infected by drinking from a glass used by a patient?

Akovbyan: The probability is extremely low. For this, the agent remaining on the glass must find a special environment. If the oral cavity is healthy, and there are no wounds or scratches, there's practically no reason to worry.

Grober: Many people are interested in the problem of anonymity of treatment. How do medical workers relate to this?

Akovbyan: Doctors are also interested in the problem. We have come to the opinion that people have the right to receive treatment without having to identify themselves, their occupation, their place of residence and other background information.

Grober: What can you say in this vein about the methods used in illegal treatment of venereal diseases?

Akovbyan: Such "health care" has existed forever. Because of shame and a sense of guilt, patients have sought unofficial means of healing. And they have found them. Moreover, they have been treated by all kinds of people, beginning with students and nurses and ending with quacks having no relationship to medicine at all.

Grober: Can a disease like syphilis be cured at home?

Akovbyan: Treatment of syphilis requires constant laboratory control, which is possible only in a hospital.

Grober: The treatment of any disease requires medicines. These days, wouldn't I be right in saying that this is a very complex problem?

Akovbyan: The list of medicines recommended for treating these diseases has been shortened, but the basic tested resources, such as penicillin, are still available in our country in sufficient quantities. The treatment process has not been interrupted.

Grober: Where is disease encountered more often—in the city or in the countryside?

Akovbyan: In the city, of course. People move around more in the city, and the probability of chance liaisons increases. Nonetheless, we are trying to keep the situation under control both in the country and in the city. There are dispensaries in every rayon, which makes preventive and therapeutic work possible.

Of course, dermal and venereal diseases do not discriminate against either the sex or the nationality or social origin of people. It was believed in former times that

only asocial people get them—drunkards, addicts, prostitutes. But no one is insured against these diseases. This is why the sympathy that is shown must be the same as that for any other patient.

Intestinal Infections in Uzbekistan

93WE0055A Tashkent MOLODEZH UZBEKISTANA in Russian 22 Aug 92 p 7

[Article: "Ministry of Health: You Can Eat and Drink. Just Be Careful!"]

[Text] The epidemiological situation regarding intestinal infections and food poisonings in Uzbekistan remains unfavorable. Just last year alone, 120,333 patients with acute intestinal infections, including 7,130 with salmonellosis, were registered in the republic. This year morbidity is not declining, while in Dzhizak, Fergana, Samarkand and Namangan oblasts it is even growing. Here are just a few typical examples.

On 9 April 58 children from three nursery schools were hospitalized in Khorezm Oblast after consuming food products from the Urgench Dairy. An investigation established violations of production, disinfection and sanitation regulations. On 1 June, on Children's Day, 30 youngsters from the day care center of the furniture factory in Yangiyul were careless enough to eat pastry items from the Yangiyul public dining hall bakery. The result was regrettable—the children wound up in the infection hospital. Earlier, on 18 May, 19 persons from three families in Akhangaran also found themselves in hospital beds after eating poor-quality bakery articles.

Cases of poisonings by so-called soft ice cream made with sidewalk ice cream freezers have recently grown more frequent. Just in 1991, 52 persons suffered such poisoning in Tashkent, Angren, and Urgench. The issue of providing the population of Uzbekistan with quality drinking water has still not been resolved. In the arid regions of the republic, where people are forced to drink water from open-air water basins, without first boiling it, it is becoming the principal source of acute intestinal infections.

As you can see, the problem is an acute one, and it must be solved as soon as possible. Joint efforts by chemical enterprises, law enforcement organs and public health and epidemiological services are needed. And naturally, citizens must observe the rules of personal hygiene.

Total of 199 Deaths From Mushroom Poisoning in Voronezh

93WE0145K Moscow PATRIOT in Russian No 36, 3 Sep 92 p 3

[ITAR-TASS news release and poem by V. Grevtsev: "Into the Woods for Mushrooms/Coffins..."]

[Text] One hundred ninety-nine persons have been poisoned by mushrooms in Voronezh Oblast; among them, 10 adults and 13 children have died. Such are the sorrowful results of the mushroom "epidemic," the real causes of which are still unclear, despite serious efforts by specialists locally and at the capital.

Aren't things bad enough for Russia already?!
This summer, here and there,
Mushroom poisonings
Are epidemic.

Walking, seeking in the meadow
Your death among the grass blades:
Poisonous mushrooms
Present themselves as edible ones.

Is radiation playing a prank?
Or is it something else?
People are dying, though not from bullets,
Lengthening the doleful list.

Could the burnt flesh of the Benders
And the blood of Tskhinval
And the childlessness of maternity hospitals
Have simply fed the mushrooms' delicate pores?

And then nature beckons to its children,
To seek those fatal mushrooms,
And kills them quietly, shamefully,
Treacherously—in the human way.

New Influenza Vaccine

93WE0145G Moscow IZVESTIYA in Russian 8 Sep 92 Morning Edition p 2

[Article by Lidiya Ivchenko: "New Influenza Vaccine Developed"]

[Text] **The end of many years of toil is near: A fundamentally new artificial influenza vaccine has been tested, and it demonstrated excellent results. It is general-purpose, since it is effective against all variants of the changeable virus, which means that an influenza epidemic caused by any agent can be forestalled. A completely new vaccine "design" made it possible for scientists of the Russian Ministry of Health's Immunology Institute to accomplish this.**

The conventional preparations used today for immunizations are made by Pasteur's method—on the basis of weakened or killed bacteria and viruses, capable of eliciting immunity but not disease in the body. These vaccines contain an enormous mass of ballast—up to 95 percent, in response to which the immune system generates far more antibodies than it needs in its defense, and only causing side effects. These complications, including allergic reactions, are sometimes so serious that they reduce the benefit of immunizations to naught. There are ways of removing the necessary from the unnecessary; moreover, all that is needed for a vaccine is that part of microbial protein that causes immunity to "switch on." But no matter how much a preparation is purified, it is still very difficult to obtain a pure antigen

(a part of a microbe); add to this the fact that after a certain time it simply ceases to operate, such that it no longer causes the body to develop protective antibodies. What is needed, therefore, is a stimulator, together with which the antigen could obtain sufficient power to "switch on" the immune system.

The institute's scientists have found such stimulators—synthetic polymers. Small fragments of the agent chemically "linked" to the immunostimulator polyoxydonium forced the body to react to a harmful intruder many times more strongly. Chemical synthesis has placed a weapon in the hands of medical workers not only against influenza but also against many other infections in relation to which effective vaccines have not been created because of the weak reaction of the human immune system to them. This work, interesting and important, and a first for our country, culminated with the acquisition of several vaccines on the basis of the same principle—against influenza, salmonellosis and brucellosis, and an allergy vaccine is close to being a reality.

So hurry it up!—the impatient reader will exclaim, and he will be right: Fall is on its way, and that damned influenza will begin claiming its victims at any moment. Unfortunately, the vaccine is unavailable—there is no money for it. An expanded epidemiological experiment (preclinical testing was done with volunteers) requires hundreds of thousands of doses, production of which will require a sizable sum. No enterprise is going to fill an order with its own money, which is natural. In the meantime the institute barely has enough money to pay its associates. Corresponding Member of the Russian Academy of Medical Sciences R. Khaitov (who was just elected an active member of the New York Academy of Sciences), the director of the Institute of Immunology, shrugs his shoulders: "And there doesn't seem to be anyone you can blame for this—the entire country is in a difficult position: Money is needed for one thing, and another, this is important, and that.... But the health of people also has its needs—first in line!"

Work on other highly important vaccines has been suspended due to the lack of money. Some are close to being ready, they have been tested on animals, and all that is left to do is to invest a little money into the final stage. Is there any need to explain how much the world needs an effective vaccine against brucellosis? Or against allergies from which one out of every three or four inhabitants of the planet suffer? There is but one step left before testing this unprecedented vaccine on volunteers.

An entire issue of the international journal ALLERGIYA I KLINICHESKAYA IMMUNOLOGIYA, was devoted to the works of Russian immunologists—No 1, 1992. Quite an honor. But it doesn't mean any more money. It cannot be said that the institute isn't looking for it. Scientists are signing contracts with production collectives for examinations and treatment, they are accepting samples for especially complicated analyses, and so on. Professors recognized in the scientific world to be specialists who are involved in serious theoretical research are compelled to postpone their scientific work and engage in routine, ordinary work in order to earn a little for the institute. There are pluses in this struggle for survival of science, but the number of minuses is greater. A vaccine technology laboratory had to be closed, and research in a number of scientific directions had to be halted. In its search for a solution, the institute is seriously thinking about finding partners, including foreign ones, although this approach isn't all that innocuous: Upon obtaining foreign financing, we simultaneously lose some of our rights. But something needs to be done.

Will we get the long-awaited vaccine, and when?

Russian Edict on Public Health

93WE0147A Moscow ROSSIYSKIYE VESTI in Russian 29 Oct 92 p 3

[Edict of the President of the Russian Federation on Measures to Develop Public Health in the Russian Federation]

[Text] In order to provide for national economic and social protection of public health, and for its stabilization and further development, **I resolve:**

1. That the Government of the Russian Federation and bodies of executive government of republics within the Russian Federation, of krays, oblasts and autonomous formations, and of the cities of Moscow and St. Petersburg shall:

—deem it necessary to finance public health expenditures in a volume commensurate with budget income and not lower than the 1991 level, in comparable prices, with regard for implementation of the RSFSR Law "On Medical Insurance for Citizens in the RSFSR";

—ensure that orders for construction of public health facilities for federal state needs are drafted and placed;

—foresee priority support to public health institutions in regard to material and technical resources;

—when necessary, transfer land parcels used by institutions, enterprises and organizations in the public health system into their possession in accordance with the procedure established by land legislation.

2. That the Government of the Russian Federation shall:

—foresee specific financing of expensive forms of health care from the republic budget of the Russian Federation, on the basis of a list of diseases approved annually by the Russian Federation Ministry of Health;

—support introduction of mandatory medical insurance for citizens of the Russian Federation as an effective form of social protection of the population in the conditions of transition to a market economy.

3. That the Russian Federation Ministry of Health, the Russian Federation State Committee for Public Health and Epidemiological Inspection and the Russian Academy of Medical Sciences shall draft, and submit to the Government of the Russian Federation, the following, after coordinating with interested ministries, departments and trade union bodies:

a) in 3 months' time, proposals for:

—a new public health administrative structure under the conditions of the transition to a market economy;

—a package of standards on providing health care to every citizen of the Russian Federation which would ensure a guaranteed volume of health care and the public health and epidemiological well-being of the population;

—determining the composition of federal property and of property of republics within the Russian Federation, of krays, oblasts and autonomous formations, and of the cities of Moscow and St. Petersburg, and municipal property in each facility of the public health system, and the procedure of its financing and use;

—denationalizing and privatizing public health institutions and medical industry enterprises;

—the procedure for unifying scientific research institutes and scientific subdivisions of medical VUZes (faculties) and institutes for the advanced training of physicians into unified scientific-educational complexes for the purposes of upgrading the quality of the professional training given to physicians and scientific associates;

b) in a month's time, proposals for social protection of public health workers;

c) in the shortest time, proposals for a state standard for the quality of health care and of the training of specialists for medical institutions, and procedures for setting prices on health services rendered to the population common to the entire Russian Federation.

4. To establish that in the period of determination of the composition of federal property, the property of republics within the Russian Federation, of krays, oblasts and autonomous formations, and of the cities of Moscow and St. Petersburg, and of municipal property in each facility, confiscation or change of the official purpose of buildings and structures used by therapeutic and scientific institutions and by enterprises and organizations of the public health system and the Russian Academy of Medical Sciences is prohibited without coordinating with the Russian Federation Ministry of Health, the Russian Academy of Medical Sciences and the Russian Federation State Committee for Management of State Properties and with the corresponding committees of republics within the Russian Federation, of krays, oblasts and autonomous formations, and of the cities of Moscow and St. Petersburg.

5. That in forming the republic budget of the Russian Federation, the Russian Federation Ministry of Finances shall foresee allocation of funds to the Russian Federation Ministry of Health, the Russian Federation State Committee for Public Health and Epidemiological Inspection and the Russian Academy of Medical Sciences for the purchase of hard currency from the Russian Federation Central Bank necessary for prompt acquisition of medical products, as well as the equipment and the raw and other materials needed for their production.

6. That the Russian Federation Ministry of Internal Affairs and its local bodies shall protect officials of the epidemiological service and other public health institutions as necessary in the performance of their official duties.

[Signed] President of the Russian Federation B. Yeltsin
Moscow, The Kremlin
26 September 1992
No 1137

Enactment of Public Health Law Urged

93WE0145M Moscow TRUD in Russian 13 Nov 92 p 2

[Article by Igor Anishchenko: "Once Again Typhus, Tuberculosis"]

[Text] **Summarizing information on the health of the population of the CIS, both national and independent medical statisticians point to a real threat of our extinction.**

Alarm signals were sounded back during analysis of data for last year, when growth of the incidence of severe forms of tuberculosis, which has climbed 6 percent, began for the first time after several decades. By the end of 1991 the morbidity curve for infections of the gastrointestinal tract and venereal diseases began creeping upward. This year the processes accelerated: According to operational data, in the first 6 months the number of persons getting serious forms of tuberculosis increased by 8 percent in comparison with the same period of last year, the number of typhoid fever patients increased by 20 percent, the number of dysentery patients increased by 6 percent, and as for diphtheria, the number increased by as much as 106 percent. The fate of our progeny evokes special alarm: In recent years the number of children entering this world with a sick, weakened body increased significantly. In 1992 such children represented as much as 17.4 percent of the total number of newborn infants. The decline in the standard of living led to a situation where since 1986, cases of anemia in future mothers increased in frequency, and now it occurs in 170 out of every thousand pregnant women.

In the 1920s, similar phenomena transformed into something immeasurably more serious—mass illness, and sharp growth of mortality, especially among children.

History recalls how typhus, cholera, tuberculosis and even easy-going influenza cut the country's population in half then, surpassing in their effects even the combat operations on the fronts of the civil war.

In 1991, therapeutic institutions took a cut in their already meager "ration": Since that year, financing has been provided only in relation to three items—wages, food for hospital patients, and medicines. To ensure normal work under such conditions, many directors of therapeutic institutions have started systematically begging donations from rich enterprises. This year things got even worse: Allocations to therapeutic institutions were only 64 percent of last year's total.

Politicians and public officials of Western countries clearly understood in the era of the great crisis of the 1930s how important it was for the people to have access to an effective health care system in their declining years. A solution to the problem was then found in a transition from private to ensured health care. From a financial standpoint the process reduced to replacing the patient's uncontrolled cash account with his clinic by insurance premiums that were fixed in their amount and in the expense items they covered, owing to which money for treatment began to accumulate in accounts, from which it could be taken only to satisfy the population's need for medical services. For us, such distribution of assets would be oh, so timely!

At the moment the proportion of treasury receipts going to public health is not fixed. In this case the money question is often decided by local authorities arbitrarily, rather than in accordance with the population's needs. Therefore it would be reasonable to designate a quota in the rayon, city, oblast or republic budget by a corresponding legislative act, and determine how much money is to go for support of public health programs. But even this won't solve the problem completely, because budget possibilities are not very great today. To save Russian medicine from collapse, we must also attract money from the enterprises.

It would seem that the situation is totally clear, and the vital necessity of adopting a law protecting the health of the Russian people which would account for all of these problems raises no doubts. What it all boils down to is whether our legislators will be able to back off a little from their political infighting and turn to the urgent needs of the people. If not, then very soon the situation may become uncontrollable and irreversible.

Experts Recommend Further Study of Possible Smallpox Virus Survival in Permafrost

93WE0149B Moscow RADIKAL in Russian No 43, Nov 92 p 11

[Article: "Has Smallpox Really Been Conquered?"]

[Text] The last case of a person falling ill with smallpox was recorded in 1977. Following the conclusion of an observation period, the World Health Organization (WHO) persuaded itself of its total elimination.

Halting vaccinations against smallpox, the agent of which now exists in only two collaborating centers of WHO—in the USA and in our country—has been recommended since 1982. The virus is also to be destroyed in these centers in 1993 in order to preclude even the smallest probability of the disease's return in the event of chance contamination in the laboratory.

However, Ye. Belanov, director of the virology department of the Scientific Research Institute of Molecular Biology of the Vektor Scientific-Production Association, believes that WHO had not devoted adequate attention to the possible survival of the virus in permafrost. Smallpox epidemics have occurred on several occasions in the country's northeast, including in the Kolyma region. An integrated expedition to examine the cold-storage vault at the cemetery in the town of Pokhodsk, Nizhnekolymskiy Rayon, in which tradition has it that smallpox victims were interred, was organized in 1991 at the initiative of the public of the Republic of Sakha (Yakutia) and its State Committee for Public Health and Hygiene. This research was continued in summer of this year.

Viable virus was not found, but scientists feel that additional research is needed on burials in the permafrost zone. Only the results of this research can help provide a final answer to whether mankind has rid itself of this terrible disease.

Etiology of Vilyuyskiy Encephalomyelitis Studied

93WE0149C Moscow RADIKAL in Russian No 43, Nov 92 p 11

[Article: "The Mystery of Vilyuyskiy Disease"]

[Text] The expedition by Nobel prizewinner Karlton Gaydushek, the purpose of which was to reveal the etiological essence of an extremely grave disease—Vilyuyskiy encephalomielitis, a chronic degenerative brain disease—went on for almost 3 weeks.

In the words of Doctor Gaydushek, the idea that Vilyuyskiy encephalomielitis is transmitted by heredity is not confirmed. It is very possible that the cause of the disease lies hidden in the environment, but what it is—flatworms, microbacteria or something else—is as yet unknown. Laboratory tests produced negative results in relation to all proposed variants. However, this time the scientist was able to gather together a rich store of material that will be subjected to the latest analytical methods in the laboratory of the U.S. National Institute of Health.

Public Health Committee on Allegations of Dangerous Vaccines

93WE0147L Moscow NEZAVISIMAYA GAZETA in Russian 5 Nov 92 p 8

[Article by People's Deputy Anatoliy Karniz, chairman, Disaster Medicine Subcommittee, member, Moscow Soviet Committee for Military Issues and Emergency Situations: "AKDS Vaccine: Moscow City Soviet Permanent Commission on Health Protection Supplements the Reports"]

[Text] The article "Vaccination Is Not Subject to Appeal," in which the author persuades readers of the harm of preventive immunizations, and misinforms not only the population but also medical workers in regard to AKDS vaccine, was published in NEZAVISIMAYA GAZETA on 10 October 1992. In response Candidate of Medical Sciences N. A. Ozeretskovskiy, laboratory director of the State Scientific Research Institute of Standardization and Control of Medical Biological Preparations imeni L. N. Tarasevich, published a letter in defense of vaccination as one of the methods of preventing infectious diseases among people, diphtheria in particular (NEZAVISIMAYA GAZETA, 23 October 1992).

The Moscow City Soviet for Protection of the People's Health studied the content of N. Ozeretskovskiy's letter and confirms that the letter contains scientifically grounded data regarding the benefits of immunizing people within the system of diphtheria prevention and control. Articles groundlessly asserting that immunizations are unneeded and harmful have started appearing in a number of the mass media in recent times. Ultimately, this not only misinforms but also leads to serious consequences (the death of unimmunized people).

In support of the facts laid out in N. Ozeretskovskiy's letter, please publish the following information for the city of Moscow. In 1991, 435 persons got diphtheria in the capital (including 115 children), and 11 died. A tendency for immunization indicators to decrease among people was noted in 1992. As a result in 10 months of this year 688 persons got diphtheria, of whom 21 died (all who died were not immunized against diphtheria). One out of every three patients was not immunized. As a rule, the clinical course of disease in this category of persons was more severe and life-threatening. The experience of protecting the population against epidemics clearly confirms that diphtheria immunizations are not only an important preventive measure but also one of the most effective means of epidemic control work when a focus of this menacing disease arises. It would be good if not only medical workers but also the population would remember and understand this.

In conclusion, let me communicate to readers that they can obtain comprehensive, qualified advice on all matters of preventive vaccination, including the side effects of vaccination, from the State Scientific Research Institute of Standardization and Control of Medical Biological Preparations imeni L. A. Tarasevich by telephoning 241-40-44 on Thursdays from 1000 to 1400.

Alcoholism Treatment Centers Close

93WE0147F Moscow KOMMERSANT-DAILY in Russian No 24, 6 Nov 92 p 15

[Text] A shortage of money in local budgets has resulted in a reduction in the number of detoxification centers on Russian territory, at the same time that the number of alcoholics continues to grow. There are 1,095 alcoholism treatment centers in Russia today; the number of patients is not being counted, but each year the emergency medical service responds to over 50,000 calls for assistance to alcoholics. One hundred thirty of them die each day.

Hepatitis Quarantine in Krasnoyarsk Kray Schools

93WE0145N Moscow KOMSOMOLSKAYA PRAVDA in Russian 18 Nov 92 p 2

[News brief: "Epidemics"]

[Text] A quarantine was announced in schools of the city of Lesosibirsk, Krasnoyarsk Kray starting Monday in connection with a hepatitis epidemic. According to an Interfaks report 177 of the city's adults and children have gone to the city's medical institutions with signs of this serious diseases.

Dysentery in Stavropol Kray

93WE0147K Moscow ROSSIYSKAYA GAZETA in Russian 23 Nov 92 p 2

[News release by the press service of the Russian State Committee for Emergency Situations: "Chronicle of Incidents"]

[Excerpt] Nine hundred twenty-six dysentery patients, including 322 infants, were revealed as of today in Georgiyevsk (Stavropol Kray). The cause of the outbreak—consumption of infected milk from the Georgiyevsk Dairy by the population. [Passage omitted]

Work Association's Progressive Medical-Health Program Outlined

93US0253C Ashgabat TURKMENSKAYA ISKRA in Russian 3 Dec 92 p 2

[Article by Z. Fadeyeva: "Concern Is Repaid a Hundredfold"]

[Text] **Even quite recently, the Byuzmeyinskiy Rug Combine was one of enterprises in the city which was lagging behind. Today things are getting better. This is facilitated by the organization of new economic relations, and by participation in the Association of Rug Enterprises of the**

CIS countries. Through joint efforts, it is easier to overcome difficulties and to rationally utilize raw material resources. It is also easier to resolve social programs. And, ultimately, the success of the business depends on this.

Much is done at the combine to see that the people feel well and are not sick. It has its own medical station—I would call it a mini-clinic. There are therapeutic and stomatological offices here. Those who need them may undergo physical therapy procedures here.

"In addition, we do not send our patients to the pharmacy. We issue all medicines free of charge," the head nurse, I. A. Velikodnaya, tells us. "This year there has been an especially notable decline in the number of absences from work due to illness."

As it turns out, one may undergo treatment without leaving production. And the workers themselves are now interested in this. In addition, the patients (and this is quite significant) have full trust in the doctor-therapist G. B. Gylyzhova, and in the stomatologist N. S. Ismailova. Each one of us has probably at some time experienced an agonizing toothache and a subconscious feeling of fear, a desire to put off a visit to the doctor's office "until later," if possible. Yet patients come to Nina Saryyevna without fear. She somehow knows how to put a person at ease, how to find an approach to every one. Yet there are 1,500 people in the collective, and a good one-third of them have already been to the stomatologist's office at least once.

They are also proud of their kindergarten at the combine. The children are very well off here, and the main thing is that they very rarely get sick.

"In nine months, the rate of absence due to illness comprised only 0.2 percent," says the head-mistress of nursery-kindergarten No. 11, F. G. Mukhamadshina. "That means that on the average, each child has not even missed half a day here."

There are two logopedic groups organized here, and an experienced pediatrician, Olga Gasanova, monitors the health of the children. And it is important that the doctor is not "visiting," but works the full day. A youngster who is feeling under the weather will be treated right here in the kindergarten. All the necessary procedures will be performed.

Particular attention is given to physically weak children who, as a rule, are more often subject to cold-like illnesses. There is a special group for them, where a full course of treatment-prophylactic measures is performed: Treatment of the throat, therapeutic physical culture, general massage, and vitamin therapy.

The kindergarten medical station is well equipped. There are inhalers, a "solux" lamp [sun lamp], a large selection of treatment preparations, and disposable syringes. And this is much to the credit of the management of the rug combine and the trade union committee. They spare no expense to protect the health of the children. Physical culture is also of considerable importance. The youngsters have the use of an open swimming pool, a physical culture hall equipped with various training equipment and gymnastics apparatus. And here are the results: There is almost no loss of work time at the rug combine (and this is an enterprise employing primarily women) due to the need to care for sick children.

The teachers in the kindergarten now have additional incentive and material interest. For example, if no children got sick during the quarter, the teachers receive bonuses in the amount of two times their salary.

The health of a child depends on proper nutrition. The children receive everything that is necessary, and, we might add, all the very best. Their menu includes vegetables, fruits, juices, and dairy products.

"In one day alone, we spend 8,000 rubles (R) on nutrition," explains F. G. Mukhamadshina. "The enterprise assumes a significant portion of these expenditures. The fact is that the director of the combine, Ye. M. Byashimov, considers the kindergarten as one more shop of the enterprise. From this comes the responsible attitude toward our needs."

The combine has its own vegetable and food stores. An agreement has been concluded with the "40 Years TSSR" kolkhoz [collective farm]: All summer and fall, the vegetable growers sent their products here straight from the fields. The quality of the vegetables is good, and the price is much lower than the market price.

There is even a dining room here. Lunches today are expensive, but the combine workers receive compensation for the increased cost of food—R500 each month. Nevertheless, recently there have been fewer people wanting to use the services of the cooks. It is not a matter of cost: The workers believe that the lunches are no longer tasty, and the selection of menus is small.

"Such a situation does not suit us," says the deputy director of the combine, Kh. Kurbangeldyyev. "We have decided to dissolve our agreement with the directors of the Byuzmeyinskiy Public Catering Combine. We ourselves will find the cooks, and we will provide them with the necessary food products. The dining room will become 100 percent "ours," and we will also raise the demands for quality of the menus.

The collective of the Byuzmeyinskiy Rug Combine is emerging from the breach and becoming economically independent and self-sufficient. The people have begun to believe that their labor will be well paid, and that the key to success is in their hands.

Mutual understanding, kindness, and exactingness. These qualities are the basis for mutual relations within the collective. People value attention and concern for them, and respond to it with conscientious labor.

Tuberculosis Expert Predicts Increased Incidence, Virulence

93WE0147N Moscow ROSSIYSKIYE VESTI in Russian 8 Dec 92 p 4

[Article by Oksana Dulskaya: "Is Tuberculosis Returning?"]

[Text] Given the abrupt worsening of the social and economic situation in Russia, tuberculosis is becoming a menacing medical and social problem. This year tuberculosis mortality in Russia was eight persons for every 100,000 population. This is ten times higher than in countries of Northern Europe, three times higher than in countries of Eastern and Southern Europe, and a time and a half higher than in Latin American countries. Professor Aleksey Priymak, director of the Moscow Scientific Research Institute of Tuberculosis of the Russian Federation Ministry of Health, shared this information. He reported that as of the beginning of 1992, there were over 260,000 patients in Russia. This year 40,000 patients were revealed, but twice that number remain unregistered; 12,000 patients die annually, with their average age not exceeding 46 years.Aleksey Priymak believes that tuberculosis morbidity will increase, and that the forms of the disease will worsen. Only a national tuberculosis program can keep this from happening. Tuberculosis cannot become an object of ensured health care, as is equally true of pediatrics, oncology and psychiatry. In all civilized countries, these programs are nationally subsidized.

Geographical Variation in Disease Incidence

93WE0147D St. Petersburg NEVSKOYE VREMYA in Russian 9 Dec 92 p 2

[Article by Irina Ozerskaya: "People Are Sick in Different Ways in Different Regions"]

[Text] Diseases of the respiratory organs (bronchitis, asthma, pneumonia) are recognized to be the "leaders" among children's diseases in our city. The percentage of such cases is higher in St. Petersburg than in other Russian cities. In adults, respiratory organs are afflicted 3.5 times more often than the country average. Skin diseases are in second place: Children get them 1.5 times more often (in adults as much as 75 percent more often) than other Russians.

As we know, morbidity depends 40-50 percent on heredity, 25-30 percent on way of life, 10 percent on health care quality, and as much on the environment. However, sometimes the latter acquires much greater significance. Thus, in the last 6 years doctors have documented morbidity in three rayons of St. Petersburg—Krasnoselskiy, Frunzenskiy and Kalininskiy. It was revealed that residents of the last rayon fall ill twice more often than residents of the first. But don't be in a hurry to move to Krasnoye Selo. Statistics of greater detail can be found in the medical geographical atlas of St. Petersburg recently published by a group that evaluated and predicted the health of the population. Thus, Kirovskiy Rayon (Krasnoselskiy Rayon's neighbor) is the leader in pneumonia and diseases of the digestive organs. At the same time cases of affliction of the skeletomuscular system are five times less frequent in this rayon than in a Moskovskiy Rayon. On the other hand ulcers are encountered three times more often in Leninskiy and Vasileostrovskiy rayons than in Petrogradskiy Rayon.

"People are sick in different ways in different regions"—such was the way Igor Krasilnikov, the chief specialist of the recently established group for evaluating and predicting the population's health under the city center for epidemiological inspection, summarized the statistics. "It is difficult to say precisely as yet what the explanation for this difference is. We are only beginning to analyze the collected data."

In Krasilnikov's words the group's establishment was not obedience to fashion. The health of a city of almost 5 million has to be kept under surveillance. When as a result of analyzing an enormous quantity of data we find answers to all of the specific "why's," it will become clear what the population of a given rayon has to fight for. It is very important for citizens to be informed, so that each person would have an idea of the kind of conditions in which he is living, of what his illnesses are, and of what he must protect himself from.

The expert group is presently conducting research with the purpose of drafting the city's medical-ecological map. All anomalies have been recorded since the first of October, to include ones such as premature births, stillborn infants, malignant tumors, chronic bronchitis, asthma, kidney infection and ulcers, with each case being "tied into" a specific point on the map.

Of course, it would not be reasonable to expect quick answers to all of the "why's" from the group. For practical purposes no one in Russia had ever analyzed statistics on population morbidity. However, dripping water wears away the hardest stone, and if we are still trying to join the ranks of civilized countries, we must learn to seek the true causes of illnesses, and try to rid ourselves of them, rather than only treating the effects, as we have been doing up until now.

Russian Epidemiologist on Rise in Diphtheria Cases

93WE0145D Moscow TRUD in Russian 9 Jul 92 p 2

[Interview with Yelena Afanasyevna Kotova, chief, department of epidemiological inspection and deputy chief, State Administration of Public Health and Epidemiological Inspection under the Russian State Committee for Public Health and Epidemiological Inspection, by V. Kotikov; date and place not given: "Diphtheria—An Adult Disease?"]

[Text] The reports just keep coming in: an outbreak of salmonellosis in one place, children with food poisoning in another, cases of cholera revealed.... Like it or not, you are gripped by panic: And to be sure, even a quick look at those dumps that have transformed in many cities into improvised "bazaars" would be enough to persuade you how favorable conditions are in all places for all kinds of infections.

And so, would it be right to refer to today's epidemiological situation in the country as dangerous? I asked this question of Yelena Afanasyevna Kotova, chief of the Department of Epidemiological Inspection and deputy chief of the State Administration of Public Health and Epidemiological Inspection under the Russian State Committee for Public Health and Epidemiological Inspection.

Kotova: The morbidity analysis being conducted by the committee tells us today that the epidemiological situation in the Russian Federation is not overly alarming. In comparison with last year, the incidence of dysentery increased insignificantly—by 13.4 percent, although the indicators for last year were the lowest in all the time that this infection has been under observation in Russia.

The greatest problem of the summer season is preventing diseases of the intestinal infection group, and primarily cholera, which is imported from abroad and which also enters the human body with dirty water. Its probability is highest in cities such as Rostov, Astrakhan and Volgograd, in the lower reaches of the Volga, where dirty water is unable to undergo full self-purification, and in Dagestan. But as far as preventing importation of cholera from abroad is concerned, we have a special quarantine service to protect the borders.

Kotikov: Does this mean that everything is O.K. and rumors of epidemics threatening the country have no substance?

Kotova: We are concerned about diphtheria. In recent years the incidence of this infection has changed its "age": While in former times children were its primary victims, now that the collective immunity of children has risen owing to mass immunizations, diphtheria strikes adults, inasmuch as their immunity has declined significantly. We drew up a list of the groups having an elevated risk of infection. Such people include school and VUZ instructors, transport workers, medical workers—that is, anyone who has contact with large groups of the population. It is they that should be given reimmunizations against diphtheria on priority.

This year the epidemic situation remains relatively tranquil also because the food enterprises are not as overloaded as they were before, and consequently the public health requirements are being observed more or less.

Kotikov: Are you saying that the less food products there are, the less disease there is?

Kotova: What I'm simply saying is that the more food products that were produced, the more frequently heat treatment and pasteurization conditions were violated in dairies, and so on.

Kotikov: What is your prediction for the future?

Kotova: As far as the general situation in Russia is concerned, we cannot say that any kind of epidemic upheavals can be expected in the immediate future. But the situation doesn't give us cause to relax either, because the general sanitary condition of cities and water basins, the absence of detergents, and a lack of disinfection materials and sterilization equipment all suggest that the probability of all kinds of local outbreaks is not excluded. This would seem so, given the state of the cities and the dirt that is now prevalent in Moscow. Nonetheless, (Yelena Afanasyevna knocked on wood just in case), this year the incidence of intestinal infections does not exceed the level of multiannual observations.

Diphtheria Vaccinations Urged in Belarus

93WE0145C Minsk BELORUSSKAYA NIVA in Russian 11 Jul 92 p 5

[Article: "Before the Epidemic Begins..."]

[Text] Doctors are troubled: Following a lengthy period of well-being, the incidence of diphtheria has once again risen. Last year around a thousand persons, including 185 children, were stricken by it in Ukraine, our neighbor. Forty-five deaths were registered; in Russia, around 2,000 persons suffered, and 45 of them died. In just 4 months of this year over 300 persons suffered diphtheria in Moscow. In our republic the statistics are not as saddening: In 1990, 22 persons had diphtheria, including seven children, and in 1991 the figure was 26 persons including five children. And in 6 months of this year 26 cases of illness have already been registered, including seven children.

"But these figures should not cause either medical workers or the public to relax," believes Valeriy Filonov, the republic's chief state public health physician. "After all, diphtheria has always been a dangerous ailment to both children and adults. The complications are especially terrifying, with afflictions of the cardiovascular and nervous systems, the adrenal glands and possibly the kidneys. Moreover growth of diphtheria morbidity in Belarus is basically associated with the reluctance to undergo immunizations."

The campaign against immunizations began back in 1989. Those who are conducting it forget that treatment is a choice between the lesser of two evils. The question of vaccinating children in poor health is an especially urgent one. Not to immunize them means to subject them to a double risk. In a number of cases a child's allergy is the cause of rejection of immunizations. But

there are immunization schedules that are easier on children, in which AKDS vaccine is substituted by ADS or ADS-M anatoxins.

Parents must know that the sole means of protection against diphtheria is preventive immunizations. And the effectiveness of immunizations depends on their timetable and the age at which they are given.

In very rare cases vaccination may elicit an increase in the child's temperature, but in no way can it cause a severe complication. On the other hand if a child is not vaccinated, the risk of severe complications increases for him by 20,000 (!) times. This fact, which is untiringly emphasized by the World Health Organization, is indisputable: Vaccination creates immunity and saves lives.

Unfortunately, not only children but also adults get diphtheria. And if persons who are ill, and especially those who have signs of angina, waste no time with folk remedies and go to a doctor, treatment is facilitated. And its effectiveness rises. In many cases it becomes necessary for us to immunize adults against diphtheria if they had come in contact with a patient. In no case should such immunizations be rejected!

Let me repeat that only through joint efforts of medical workers and the society can the health of the nation be saved.

Ukrainian Epidemiology Official on Diphtheria

93WE0147B Kiev RABOCHAYA GAZETA in Russian 17 Oct 92 p 3

[Interview with Anatoliy Ivanovich Pogrebnyak, director, epidemiological department, Central Epidemiological Station of the Ukrainian Ministry of Health; place and date not given: "Diphtheria—A Serious Disease"]

[Text] Just 10 years ago, diphtheria was one of those diseases that rarely remind us of their existence. But today, its incidence has risen significantly. What typifies this disease, and how do we fight it? Our correspondent asked these questions of A. Pogrebnyak, director of the epidemiological department of the Central Epidemiological Station of the Ukrainian Ministry of Health.

RABOCHAYA GAZETA: Anatoliy Ivanovich, can you please tell us what sort of epidemiological pattern established itself last year?

Pogrebnyak: In 1991, 1,101 cases of diphtheria were registered in Ukraine, and this means that in comparison with 1990 the incidence of the disease increased tenfold. Of the total number of patients, 878 were adults and 223 were children. Diphtheria morbidity was registered in all Ukrainian oblasts, but the most critical situation was noted in Kiev and in Lvov, Kiev and Kharkov oblasts. In this case while high morbidity was registered throughout all of 1991 in Kiev and in the capital oblast, in Lvov and Kharkov oblasts it was noted in September-October of the same year.

RABOCHAYA GAZETA: Diphtheria is often accompanied by patient mortality. Were there such cases in Ukraine?

Pogrebnyak: Yes, there were. They occurred in 15 oblasts. During last year 36 adults and 11 children died from this disease. Among adults dying from diphtheria, most were people 40-50 years old. In absolute figures the number of tragic cases was largest in Kharkov, Kiev, Donetsk and Lvov oblasts. The unusually high mortality among children evokes special alarm.

RABOCHAYA GAZETA: What is the cause of this?

Pogrebnyak: The cause lies not so much in severe forms of illness among certain persons, as in the fact that light forms of diphtheria among children are identified late, as well as the fact that patients apply for medical assistance in the first 2 days in only 36 percent of the cases. What also elicits alarm is the fact that disease diagnoses are established late, and immunizations are conducted late or improperly.

Moreover late hospitalization of children with diphtheria also has negative consequences. A third of them were not hospitalized until the 7th-8th day after the beginning of illness. One of the causes of death of adult patients is development of diphtheria in unimmunized persons on the backdrop of chronic diseases—afflictions of the cardiovascular system, rheumatism, chronic alcoholism etc.

RABOCHAYA GAZETA: Anatoliy Ivanovich, as we know, immunization is a powerful preventive resource. Can you please tell us whether immunizations against diphtheria are being made in Ukraine?

Pogrebnyak: Evidence of the fact that deficiencies exist in immunization can be found in an analysis of data on immunizations among children who have been stricken with this ailment, and regardless of where they live, be it in the country or the city. Almost 50 percent are youngsters that had not been immunized or were immunized improperly.

When it comes to the analysis of the epidemiological situation that has established itself in Ukraine in regard to diphtheria, emphasis should be laid on the continuation of an active epidemic process. What is unique about it is that it predominantly strikes the population of large industrial cities, which are responsible for the basic tendency for morbidity to grow in the country as a whole. Presence of a sizable stratum of children and adults that are not protected against diphtheria makes it impossible to predict rapid stabilization and reduction of the intensity of the epidemic process. A confirmation of this is the fact that just at the beginning of this year

around 30 cases of this ailment were already registered, and to our greatest regret, the patients died in four of the cases.

Physician Encourages Diphtheria Vaccinations

93WE0145B Moscow NEZAVISIMAYA GAZETA in Russian 23 Oct 92 p 8

[Letter to the editor from Candidate of Medical Sciences N. A. Ozeretskovskiy, director, Postvaccination Complications Assessment Laboratory, GISK (not further identified) imeni L. A. Tarasevich: "The Pros and Cons of Vaccination"]

[Text] In the first half of October the list of human lives carried away by diphtheria in Moscow was lengthened by the names of two children aged 1 ½ and 5 years to a figure of 20 for the year. Neither child had been immunized against diphtheria.

I would very much like the editor's office to bring this deplorable fact to the awareness of I. G., the author of the letter "Is There No Appeal to Vaccination?" (NEZAVISIMAYA GAZETA, No 196, 10 October). The editor's office refused to communicate his name and address at the author's request. In all probability this request is associated with the fact that I. G., who has the absolute right to be disturbed by "parents being penalized for not consenting to immunize their children," concedes to the absolute groundlessness of the rest of the points in his letter:

- It is not true that there are 16 contraindications to administration of AKDS vaccine;
- BTsZh vaccine is incapable of evoking "dyspepsia and nervous disorder" in an immunized infant;
- the concentration of formalin and merthiolate in an immunizing dose of AKDS vaccine (and in ADS anatoxin) is correspondingly 5,000 and 2,000 times lower than indicated in the letter; the actual quantity of merthiolate—0.05 mg—is foreseen by documents of the World Health Organization, and it is contained in the mentioned preparations produced in all countries, including the USA, England, Germany, Japan and Canada;
- the materials of special observations in the USA and England as well as in our country refute the formerly circulating conclusion that AKDS vaccine evokes development of "terrible complications" (although some forms of complications such as fibrillary convulsions and mild allergic reactions do in fact occur in rare cases);
- diphtheria morbidity increases only when the percent of unimmunized individuals (children and adults) is high; on the other hand violation of the public health and hygienic rules of life, poor quality food products and so on have absolutely no influence upon epidemics of this disease (naturally, when such violations do occur, in the least it would be stupid to justify them);
- immunizations with preparations containing diphtheria anatoxin (AKDS, ADS, ADS-M) prevent incidence of the toxic form of diphtheria causing people to die in practically 100 percent of cases. The author, however, attempts to persuade the reader of the reverse: "Why undergo immunizations if they offer no protection against disease?"

The mass media have been used in the fight against vaccinations since 1988, and this fight is being waged by a single person—G. P. Chervonskaya, who had never been involved in creation of the vaccines (see I. G.'s letter), and who is an ignoramus when it comes to preventive vaccinations. She is the initiator of the regular appearances of articles and radio broadcasts that are misinforming the population. Her ignoble role was aptly described in the conclusion of specialists of the World Health Organization who visited our country at the beginning of last year: "The population's negative attitude toward immunizations, evoked by a negative campaign in the mass media conducted by journalists and certain medical workers, is one of the main causes of the low percentage of immunizations in the USSR population. One such person is the virologist G. Chervonskaya, whose campaign against merthiolate, which is used in AKDS and ADS vaccines, has encouraged social demobilization. All of her claims were unfounded."

I think that readers will find it interesting to learn that if as a result of such misinformation they refuse to vaccinate their child (and the number of such "refuseniks" is continually growing in connection with the counterpropaganda), and if he falls ill and, God forbid, dies, they would have the right to take the person whose advice they followed to court.

Diphtheria in Russia

93WE0145A Moscow ROSSIYSKAYA GAZETA in Russian 28 Oct 92 p 2

[Article by Yana Yurova: "Diphtheria Epidemic Threat"]

[Text] **Diphtheria morbidity grew by a factor of five in Russia in the last 3 years. We are marching "ahead of everyone on the planet" in terms of the number of infected individuals. Moreover it is Moscow and St. Petersburg that lead this tragic procession: They are credited with 60 percent of all cases of illness.**

The Moscow Society of Epidemiologists and Microbiologists came up with troubling totals at its meeting: In just 9 months of this year, 340 persons fell ill with diphtheria and 253 became carriers of the bacterium. Fourteen adults and six children died. Twenty-nine disease foci were revealed.

People in the prime of life—from 30 to 49 years old—turn out to be the most vulnerable in the adult population. They represent 70 percent of all cases of infection.

Among children, 5-6-year-olds were sick as a rule. Most often, diphtheria struck workers in trade and public food services.

The insidious disease is taking revenge not only in quantitative indicators. In comparison with previous years, it now proceeds much more severely, often taking matters as far as resuscitation.

This leap in the aggressiveness of diphtheria bacilli is associated by epidemiologists with the social upheavals of recent years. Migration processes and deterioration of living conditions have served as a nutrient medium for the lethal bacteria. Concurrently, the people's trust in immunizations dropped. Today only 54 percent of adults and 43 percent of children undergo this procedure in Moscow.

Because diphtheria is no longer under control, an epidemic can hit us at any time. Are medical workers ready for this? The maximalism of certain epidemiologists who insist upon universal vaccinations repelled mistrusting Russians from this one and only protective measure, which requires an individual approach. It was emphasized at the meeting that each person must know whether or not his body needs to be immunized, and what consequences immunization could have. Information of this kind can be obtained in the city immunological center newly opened in Moscow.

For a long time diphtheria was a rare phenomenon in Russia. Consequently doctors have managed to forget its clinical pattern. This was in fact the cause of several deaths. This is why a training and diagnostic center where medical workers are taught to identify and cure the disease was established at Moscow's City Infection Hospital No 1.

Diphtheria in Vladivostok

93WE0147E Moscow KOMMERSANT-DAILY in Russian No 24, 6 Nov 92 p 15

[Text] A serious outbreak of a dangerous infectious disease, diphtheria—was registered in Vladivostok by an extraordinary epidemic control commission. According to a report from the city center for public health and epidemiological inspection, 14 cases of illness, two of them with a lethal outcome, were documented between September and the present day in the center of Maritime Kray.

Specialists are concerned that the epidemiological situation in the port city worsened dramatically following its discovery. Morbidity indicators doubled here in 9 months of 1992 in comparison with the same period of last year. An outbreak of typhus that almost assumed epidemic proportions was noted in Vladivostok literally just last week.

Physicians on Spread of Diphtheria in Russia

93WE0147M Moscow IZVESTIYA in Russian 9 Dec 92 Morning Edition p 6

[Article by Lidiya Ivchenko: "Why Has Diphtheria Returned to Russia?"]

[Text] **Radio Vladivostok interrupted the morning program with a report that an outbreak of diphtheria occurred in the city. It was recommended that all of the city's inhabitants undergo immunizations immediately. Over 40 cases of illness have been registered here since the beginning of the year, which is twice more than last year and almost seven times more than in 1990.**

Unfortunately the situation is no better in Moscow. It has now acquired the characteristics of a real emergency. As many as 732 persons fell ill as of the end of October (over twice more than last year), and the disease took 20 lives, including those of five children. The present diphtheria outbreaks are unique in that the disease is afflicting older patients: Most who have fallen ill are adults who had not been immunized in the past. In one recent case 43-year-old worker M. died of diphtheria.

The blame for this situation belongs primarily to the city's inhabitants themselves, and in part to physicians who did not insist on preventive immunizations. They could be understood: How can they influence, persuade and prove if the press continually carries articles in which immunizations are openly labeled harmful and vaccines dangerous to health?

"Absurdities suggesting that AKDS vaccine supposedly breaks down the immune system," said pediatrician, Doctor of Medical Sciences V. Braginskaya, "and that medical officials 'have concentrated the direction of their main blow not upon control of diphtheria but upon achieving 100 percent immunizations' are cluttering newspapers like KURANTY and journals like STOLITSA." What methods are available against diphtheria besides immunizations? They simply don't exist!

One of the authors of the "anti-immunization" articles went as far as accusing public health of causing the people harm. Physicians are powerless: Parents who read such things seek excuses to keep their children from becoming immunized. The number of "refuseniks" has increased by over a factor of 10. Only 43 percent of Moscow's youngsters were immunized in their first year of life. In the meantime only mass—90-95 percent—vaccination can provide a guarantee against outbreaks and epidemics.

"Such is the case for example in the USA, with which we like to compare ourselves," said Doctor of Medical Sciences M. Gasparyan, a professor at the pediatrics department of the Russian Medical University. "This is why only four children fell ill there last year (none died). No one has to persuade parents in America—they have

an immunization calendar which the people themselves follow. American doctors have long forgotten what real diphtheria is."

We also have known better times. Active immunization reduced diphtheria to fractions of a percent in the world, and Russia was not an exception. In 1975 not a single case of this terrible infection was registered in Moscow. Now the 2,000 mark was exceeded for the first time since 1965. This year (not yet ended) there have already been 2,717 cases of illness and 77 persons died, of whom almost half were children. A special diphtheria center even had to be opened in Moscow, and it is never empty. In desperation some parents have joined health groups in order to harden their children against infection. In vain: Hardening will not be any help against diphtheria bacillus. Mayya Gasparyan painfully recalls examples of children's lives that were snuffed out: Like the strong 6-year-old girl who took frigid dips with her parents in holes broken through the ice and who ran barefooted in the snow, and who died of diphtheria anyway. Yet another innocent victim of the "anti-immunization campaign."

"It is entirely possible that this campaign is a kind of concealed advertisement for foreign preparations," suggested N. Ozeretskovskiy, laboratory director of the State Scientific Research Institute of Standardization and Control of Medical Biological Preparations. "I have come across several articles advising people to buy vaccine abroad if they have the possibility for doing so. This is even though our vaccines are not a bit worse, and satisfy all the requirements of the World Health Organization. Our institute, which conducts state inspections of the quality of the preparations that are produced and stands guard over the interests of the consumer, hasn't ever confirmed a single accusation thrown out by the press. And we conduct quality control by the same methods as they do abroad. What about merthiolate, which supposedly poisons children in these vaccines? This preservative, which is added to the preparation in negligible doses by the way, is used throughout the world! AKDS vaccines produced in Canada, the FRG, France and other countries also contain merthiolate. It is present in the USA's anti-influenza vaccine, and in hepatitis B vaccine, which is injected even into newborn infants if the mother is infected by this virus.

Medical workers do not deny that postvaccination complications occur. But Doctor V. Braginskaya resents that biased articles on immunizations pull the examples they need out of her book, and ignoring their analysis. After all, like they used to say in the old times, "after this" is not the same as "a consequence of this." In no case where the death of children was associated with vaccination has pathological and anatomical analysis confirmed this relationship. There have been cases of meningitis, diseases of the ear, nose and throat and other diseases with a grave outcome that were simply coincidental to immunizations. It is not only our medical workers that are interested in this question, by the way. Americans conducted a colossal amount of work calculating the frequency of sudden death in the child population. And when they compared the figures, they found that the numbers were the same when lethal outcomes are associated with vaccination and when such a relationship does not exist.

But diphtheria is not the only thing here. Immunizations against poliomyelitis produce absolutely no complications of any kind, and there are no contraindications to them. And yet, for some reason they are not being done! In Moscow, only 31 percent of children in the first year of their life have been immunized against this terrible disease. And as a result, a case of the paralytic form of poliomyelitis has already occurred. The former Union is in 27th place among 29 European countries in terms of the proportion of the population vaccinated against polio! If things keep going this way, we can expect an outbreak even worse than the diphtheria outbreak. By the way, the American continent has celebrated a unique anniversary: The last case of polio was observed there in August 1991.

A certain WHO document states that every child has the right to be protected against six infections presenting the greatest danger to him/her—tuberculosis, measles, whooping cough, diphtheria, tetanus and poliomyelitis. By denying their child vaccination, parents deprive him/her of this right. But change appears to be in the wind, and the eyes of many have been opened. St. Petersburg mothers of infants ill with bronchial asthma have joined together into a society and have asked doctors to vaccinate their children. Weakened patients are naturally a group under special risk, and they require immunizations on priority.

In the meantime the Russian Federation Committee for Public Health and Epidemiological Inspection is asking the entire population to undergo preventive immunizations, inasmuch as 70 percent of those who fall ill are adults. This pertains especially to medical workers themselves and to workers in transportation, public food services and other sectors in which large groups of people congregate.

Monkeys in Space for Biological Research

Moscow Russian Television Network in Russian 1100 GMT 2 Jan 93

[Report by correspondent A. Shiryayev in Arkhangelsk—identified by caption]

[Text] Scientists consider that it is now time for the monkeys, our distant ancestors, to get down to some work and have now dispatched them into space.

A Bion satellite has carried two malemacaque monkeys into orbit. They came from the Sukhumi animal breeding center and for a whole year they had been undergoing preparation for their launch into space. Special sensors have beenplaced in the brains of the animals,

and the data from these will be studied by scientists. [video shows monkey seated in special chair for its space trip]

The Americans assumed responsibility for the technical design of the experiment. According to Mr.(Jansen), who represents the European Space Agency, this research is needed for a more detailed study of the inner ear [vestibule] in monkeys. On its basis scientists are preparing to make a more detailed study of the functions of the inner ear [in] human beings. [video shows interview with Jansen, and group of scientists at launch site shaking hands]

It is well known that the first five days in weightless conditions are the most difficult for cosmonauts to tolerate. In two weeks a descent capsule carrying the two macaque monkeys will land in the vicinity of the Kazakh town of Kustanay. [video shows rocket being launched] We wish them a soft landing.

People threatened by Outbreak of Epidemiological Diseases

LD0701211493 Moscow Teleradiokompaniya Ostankino Television First Program Network in Russian 1800 GMT 7 Jan 93

[Video interview with Ye. N. Belyayev, chairman of the Russian State Committee for Public Health and Epidemiological Supervision, identified by screen caption, by correspondent Natalya Prokofyeva, date and place not given; from the "Novosti" newscast—recorded]

[Text] It looks as if we will have to recall the diseases which we regarded as defeated: tuberculosis, syphilis, and various diseases spread by parasites. This is very sad but true; 20 million cases of diseases spread by parasites were registered last year. They were particularly frequent at places where refugees accumulated, which is natural. The causes are clear: epidemics always accompany wars, as well as ecological disasters and an economic mess. Badly organized trade, the worsened quality of foodstuffs, and drinking water—all this takes its toll on people's health and leads to gastro-intestinal infections. Incidentally, as long ago as last year the Americans forecasted serious outbreaks of epidemics in this country. Fortunately, the forecast has not come true.

Belyayev: This year life won't be any easier. The situation is hard. The focal centers of particularly dangerous and natural infections have become active. Even the focal centers of the plague have become active. Therefore the situation will be very complicated. We—I mean our service—have still managed to live through this year. We are constantly creating a good legal basis...

Prokofyeva: [interrupting] Excuse me for interrupting you. Does it mean that you have more reliable levers of influence now?

Belyayev: Yes, indeed. We also have relations with the Government and the president whereby we are actively supported and understood in these matters by them, and many heads of administrations are beginning to deal seriously with these problems. I do not think we will allow any serious outbreaks this year. [Video shows medical experiments on rats; patients in hospital; interview with Belyayev]

GREECE

Malaria Cases Threaten Recrudescence of Disease

93WE0161A Athens TIPOS TIS KIRIAKIS in Greek 6 Dec 92 p 26

[Article by Zefis Klironomos: "Malaria Returns"]

[Excerpts] The malaria nightmare is returning to Greece to haunt a whole town! The forgotten disease knocked on the door of our country with four cases recorded in the town of Mouriki, Voiotia.

Resurrecting from its ashes, malaria, that "mows down" two million people in Africa, Asia and Latin America every year, especially children, is now holding 535 inhabitants "hostage" in the town of Mouriki.

The parasite's collar is tightening around the local residents but no one knows how exactly it originated and spread in the town. According to the head of the town council, Paralimni, a lake right next to Mouriki has become a haven for mosquitoes and a kingdom for germs "because the lake has now dried up and become a swamp" due to the constant quest by Athens to get more and more water.

Doctors explain that "the malaria parasite reached Voiotia by way of contaminated blood from Pakistani and Indian illegal aliens, and infected a few mosquitoes in Paralimni, which then bit local residents."

Being treated for malaria at the hospital are a 70-year old woman, an 11-year old girl, a 55-year old man and a 35-year old man, all from Mouriki. Who will stop the disease from spreading through the town and elsewhere, and how? Specialists try to be reassuring by saying, "fortunately, in winter mosquitoes hibernate and are inactive." However, what will happen in summer? [passage omitted]

Andreas Limberidhis, the local town doctor, says, "Malaria struck three more times since the summer of 1991." Prof. Kalafatas of the Infectious Diseases Hospital confirmed, "Last year, a 55-year old resident also got sick. And this past June a contaminated mosquito bit an 11-year old girl." [passage omitted]

TURKEY

State To Pay for Chernobyl Radiation Victims' Care

TA0401182793 Ankara TRT Television Network in Turkish 1700 GMT 4 Jan 93

[Text] Health Minister Yildirim Aktuna has said that those citizens in the eastern Black Sea and Thrace regions stricken with disease from the radiation from the Chernobyl accident will be treated at the expense of the state.

A meeting was held under Minister Aktuna today where the participants discussed the effects of radiation in the Thrace and Black Sea regions following the Chernobyl nuclear disaster. In a statement after the meeting, Aktuna said that a committee will be set up that will conduct research in the affected areas. He said:

[Begin Aktuna recording] Without delay, the state will extend its hands to help our citizens stricken with disease, with cancer or leukemia, from the radiation caused by this technological disaster. The state will treat them at its own expense. [end recording]

The minister said that centers will immediately be set up in Trabzon and Edirne to study and follow the effects of radiation on health.

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